

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000365

Entity Name: MB MANAGEMENT, L.C.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

4833 COLLINS AVENUE  
C/O OBR SUITE 1714  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

4835 COLLINS AVENUE  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 65-0443295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP ( ) Delete  
Name: MURRAY, JACQUES G  
Address: 10 BRUTON STREET 5 TH FLOOR  
City-St-Zip: W1J6PX LONDON, UK

Title: S ( ) Delete  
Name: LEON, MARIE CLAIRE  
Address: 1017 NORTH BEVERLY DRIVE  
City-St-Zip: BEVERLY HILLS, CA 90210 US

**ADDITIONS/CHANGES:**

Title: MGRP (X) Change ( ) Addition  
Name: MURRAY, JACQUES G  
Address: 11 RUE DU THEATRE  
City-St-Zip: MONTREUX 1820 SWITZERLAND, CH

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUES G MURRAY

MGRP

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date