File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Rose Contraction FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SONAY - 3 7 111: 1:3 FILING FEE Annual Report \$100,00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003073** 1a. Principal Place of Business Address MB GROUP OF WEST FLORIDA, L.C. 4400 BAYOU BOULEVARD, UNIT #26 4400 BAYOU BOULEVARD, UNIT # PENSACOLA FL 32503 PENSACOLA FL 32503 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/08/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Crty & State City & State 59-3545443 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PALMER, RAYMOND B ESQUIRE GERALD W. MCGUIRE ect Address (P.O. Box Number is Not Acceptable) 913 GULF BREEZE PARKWAY, SUITE 41 GULF BREEZE FL 32561 4400 BAYOU BIVD., UNIT 26-B Zip Code PENSACOLA 32503 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment 4-29-99 DATE SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MCGUIRE, GERALD 4400 BAYOU BOULEVARD, UNIT PENSACOLA FL MGRM BISHOP, GARY S 4400 BAYOU BOULEVARD, UNIT PENSACOLA FL 240002871652----05/11/99--01070--004 ****188.75 ****188.79 🜓 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address SIGNATURE: