

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003428

FILED
Aug 06, 2004
Secretary of State

Entity Name: MBA DEVELOPMENT COMPANY, L.L.C.

Current Principal Place of Business:

3033 RIVIERA DRIVE
SUITE 202
NAPLES, FL 34103

New Principal Place of Business:

13501 POND APPLE DRIVE
NAPLES, FL 34119

Current Mailing Address:

3033 RIVIERA DRIVE
SUITE 202
NAPLES, FL 34103

New Mailing Address:

13501 POND APPLE DRIVE
NAPLES, FL 34119

FEI Number: 59-3582979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILBOURN, E. MICHAEL
3033 RIVIERA DRIVE, SUITE 202
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SOCOL, ALBERT J.
13501 POND APPLE DRIVE
NAPLES, FL 34119 US

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: ALBERT J. SOCOL

08/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KILBOURN, E. MICHAEL
Address: 3303 RIVIERA DRIVE, SUITE 202
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: KILBOURN, E. MICHAEL
Address: 3033 RIVIERA DRIVE #202
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOCOL, ALBERT J.
Address: 13501 POND APPLE DRIVE
City-St-Zip: NAPLES, FL 34119

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERT J. SOCOL

MGR

08/06/2004

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