

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90322 037 \*\*\*\*50.00

**DOCUMENT # L99000003428**



1. Entity Name  
**MBA DEVELOPMENT COMPANY, L.L.C.**

Principal Place of Business  
**3033 RIVIERA DRIVE, SUITE 202  
NAPLES FL 34103**

Mailing Address  
**3033 RIVIERA DRIVE, SUITE 202  
NAPLES FL 34103**

20012664



2. Principal Place of Business  
**3033 RIVIERA DRIVE**  
Suite, Apt. #, etc. **SUITE 202**

3. Mailing Address  
**3033 RIVIERA DRIVE**  
Suite, Apt. #, etc. **SUITE 202**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES, FL**

City & State  
**NAPLES FL**

4. FEI Number **59-3582979**

Applied For  
☐ Not Applicable

Zip **34103** Country **USA**

Zip **34103** Country **USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

*address correction*

**7. Name and Address of New Registered Agent**

Name **KILBOURN, E. MICHAEL**  
Street Address (P.O. Box Number is Not Acceptable)

**3033 RIVIERA DRIVE, SUITE 202**

City **NAPLES** FL Zip Code **34103**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mike Kilbourn*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **KILBOURN, E. MICHAEL**  
STREET ADDRESS **3033 RIVIERA DRIVE, SUITE 202**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **MGR** ☐ Delete  
NAME **KILBOURN, E. MICHAEL**  
STREET ADDRESS **3033 RIVIERA DRIVE #202**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 report is true and accurate and that my 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:

*Signature of Mike Kilbourn*  
**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/15/03 (239) 261-1888**

Date Daytime Phone #

CR2E083 (10/02)