2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001290

1. Entity Name
MBSC, LLC

Principal Place of Business	Mailing Address
200 PARK AVE. NEW YORK, NY 10166	200 PARK AVE. NEW YORK, NY 10166

DO NOT WRITE IN THIS SPACE

20038566

01102005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
25-1800439	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P	
NAME	OFFICER, J. DAVID	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE	CP	
NAME	MARESCA, WILLIAM H	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE	C	
NAME	STOREN, STEVEN	
STREET ADDRESS	200 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE	C	
NAME	BRADLE, KEN	
STREET ADDRESS	200 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE	VPT	
NAME	SCHACHAR, THEODORE A	
STREET ADDRESS	200 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 10166	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ Theodore A. Schachar   4/11/05   212-922-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #