

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000002753

1. Entity Name
MBC-SAWGRASS, LLC



Principal Place of Business
C/O CS VENTURES, LLC
455 SOUTH LEGACY TRAIL, SUITE E106
ST. AUGUSTINE, FL 32092

Mailing Address
C/O CS VENTURES, LLC
455 SOUTH LEGACY TRAIL, SUITE E106
ST. AUGUSTINE, FL 32092



03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4762741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CS VENTURES LLC
455 SOUTH LEGACY TRAIL
SUITE E106
ST. AUGUSTINE, FL 32092

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CS VENTURES, LLC
STREET ADDRESS	455 SOUTH LEGACY TRAIL, SUITE E106
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092

TITLE	
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CITY-ST-ZIP	

U00000710084
04/25/07-80029-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert W. Brown Robert W. Brown

4/16/07 818-222-2726