

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# M06000002753

Entity Name: MBC-SAWGRASS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-4762741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CS VENTURES, LLC,  
Address: 455 SOUTH LEGACY TRAIL, SUITE E106  
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MACDONALD HASKELL      MGRM      04/30/2008

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