

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004384

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MBARTSPACE LLC

**Current Principal Place of Business:**

27400 RIVERVIEW CENTER BLVD. STE 6 & 7  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

27400 RIVERVIEW CENTER BLVD.  
SUITE 6 & 7  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27400 RIVERVIEW CENTER BLVD. STE 6 & 7  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

27400 RIVERVIEW CENTER BLVD.  
SUITE 6  
BONITA SPRINGS, FL 34134

**FEI Number:** 42-1769203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH ROAD, STE 1-3  
BONITA SPRINGS, FL 34134 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:** MGRM  
**Name:** MORNEWEG, CHRISTA MRS  
**Address:** 4487 WAYSIDE DR.  
**City-St-Zip:** NAPLES, FL 341198426 US

**Title:** MGR  
**Name:** FIGURA, THOMAS MR  
**Address:** 27400 RIVERVIEW CENTER BLVD. STE 6  
**City-St-Zip:** BONITA SPRINGS, FL 34134 US

I hereby 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:** CHRISTA MORNEWEG

MRS

04/29/2010

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