

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026144

Entity Name: MJMB, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2751 EXECUTIVE PARK DRIVE
104
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2751 EXECUTIVE PARK DRIVE
104
WESTON, FL 33331

New Mailing Address:

2751 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331

FEI Number: 20-0133441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISEN, SCOTT
2751 EXECUTIVE PARK DRIVE
104
WESTON, FL 33331 US

Name and Address of New Registered Agent:

EISEN, SCOTT
2751 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331 US

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: SCOTT EISEN

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EISEN, SCOTT
Address: 2751 EXECUTIVE PARK DRIVE, UNIT 104
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: WEISBURD, SCOTT
Address: 7700 NORTH KENDALL DRIVE, #707
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WEISBURD, SCOTT
Address: 2751 EXECUTIVE PARK DRIVE, UNIT 104
City-St-Zip: WESTON, FL 33331

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: SCOTT WEISBURD

MGR

04/24/2009

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