

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057995

1. Entity Name
MJC EQUIPMENT, LLC



Principal Place of Business
**1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411**



04182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1524169

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**CHOQUETTE, COLLEEN
13472 COMPTON ROAD
LOXAHATCHEE, FL 33470**

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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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHOQUETTE, JOHN
1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHOQUETTE, COLLEEN
1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARTIER, JACQUELINE
1128 ROYAL PALM BEACH BLVD., #282
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524971
05/04/06-80012-012 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06