


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067428	
1. Entity Name MLJM PROPERTIES, LLC	

Principal Place of Business 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765	Mailing Address 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-LLC CR2E083 (11/05)

4. FCI Number 56-2508643	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JAVIER M.D.
3898 GOLDEN MEADOW COURT
OVIEDO, FL 32765**

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6. 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 re-registering) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

5. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILLER, JAVIER M.D. 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILLER, MARIA L M.D. 3898 GOLDEN MEADOW COURT OVIEDO, FL 32765
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05/06/06-801106-022 50.00

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:  **4/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE