


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000067428 1. Entity Name MLJM PROPERTIES, LLC |  |
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|---|---|
| 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



04052007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 58-2508643 | Applied For Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. 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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04/25/07-80034-020 50.00

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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:  **4/12/07** **(407) 366-8321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #