


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90042 004 ****50.00

DOCUMENT # L04000078745			
1. Entity Name MJ LLC			
Principal Place of Business 4532 US HWY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652		Mailing Address 4532 US HWY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MITCHELL, DEWEY 4532 US HWY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name <u>Michael Bronson</u> Street Address (P.O. Box Number Is Not Acceptable) <u>1447 Meyer Lane</u> City <u>Tarpon Springs FL</u> Zip Code <u>34688</u>	
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 <u>Michael Bronson</u> DATE <u>7/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, DEWEY 4532 US HWY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michael Bronson</u>		DATE: <u>7/5/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1824025 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required