


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 10:37

DOCUMENT # A0000000978					
1. Entity Name VOLUSIA MJM, LTD.					
Principal Place of Business P.O. BOX 952 ORMOND BEACH, FL 32174			Mailing Address P.O. BOX 952 ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3724582			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARANDINO, LONNIE 449 PALM AVENUE ORMOND BEACH, FL 32174			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			36 TWELVE OAKS TRAIL		
			City ORMOND BEACH		FL
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: _____ DATE: _____					
<p align="center"><b>FILE NOW!!! FEE IS \$500.00</b>  <b>After May 1, 2006, Fee will be \$900.00</b></p>					
<p align="center"><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000058637		STREET ADDRESS	36 TWELVE OAKS TRAIL	
NAME	REAL VOLUSIA, INC.		CITY-ST-ZIP	ORMOND BEACH FL 32174	
STREET ADDRESS	449 PALM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS	300069928139	
CITY-ST-ZIP			CITY-ST-ZIP	04/10/06--01024--020 **500.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____			3-13-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	Daytime Phone #	

STAPLE CHECK HERE