




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90203 019 \*\*\*\*50.00

<b>DOCUMENT # L00000009489</b> 1. Entity Name <b>M/J HOSPITALITY, LLC</b>					
Principal Place of Business <b>8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business <b>4810 Eugenia Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>4810 Eugenia Dr.</b> Suite, Apt. #, etc.			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>		4. FEI Number <b>26-5751284</b>	
Zip <b>33418-6726</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOSHI, ASHOK 8792 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4810 Eugenia Dr.</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418-6726</b>		
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JOSHI, ASHOK</b> <b>8792 STEEPLECHASE DR</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4810 Eugenia Dr.</b> <b>Palm Beach Gardens, FL 33418-6726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MEENA, JOSHI</b> <b>8792 STEEPLECHASE DR</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4810 Eugenia Dr.</b> <b>Palm Beach Gardens, FL 33418-6726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>3-22-05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					