

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90287 012 ****50.00

DOCUMENT # L00000009489 1. Entity Name M/J HOSPITALITY, LLC																							
Principal Place of Business 4810 EUGENIA DR 202 COCONUT KEY DRIVE PALM BEACH GARDENS, FL 33418-6726 4646		Mailing Address 202 COCONUT KEY DRIVE PALM BEACH GARDENS, FL 33418-6726																					
2. Principal Place of Business 202 Coconut Key Dr Suite, Apt. #, etc.		3. Mailing Address 202 Coconut Key Dr Suite, Apt. #, etc.																					
City & State Palm Beach Gardens, FL Zip 33418-4646		City & State Palm Beach Gardens, FL Zip 33418-4646																					
Country USA		Country USA																					
4. FEI Number 26-5751284		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent JOSHI, ASHOK 4810 EUGENIA DR 202 COCONUT KEY DRIVE PALM BEACH GARDENS, FL 33418-6726 4646																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 Coconut Key Drive City Palm Beach Gardens FL Zip Code 33418-4646		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 _____																							
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOSHI, ASHOK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4810 EUGENIA DR 202 COCONUT KEY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM BEACH GARDENS, FL 33418-6726 4646</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	JOSHI, ASHOK		STREET ADDRESS	4810 EUGENIA DR 202 COCONUT KEY DR		CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418-6726 4646		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>202 Coconut Key Drive</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Palm Beach Gardens, FL 33418</td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	202 Coconut Key Drive	CITY - ST - ZIP	Palm Beach Gardens, FL 33418
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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:		Date: 3-19-2006 Daytime Phone #: 561-626-0816																					