

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 07, 2001 08:00 AM**

**Secretary of State**

**DOCUMENT # L00000014964**  
 1. Entity Name  
 MJB VENTURES, L.L.C.

Principal Place of Business 118 WEST ORANGE ST. ALTAMONTE SPRINGS FL 32714	Mailing Address 118 WEST ORANGE ST. ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 530 S.W. 17TH ST. Suite, Apt. #, etc.	3. Mailing Address 530 S.W. 17TH ST. Suite, Apt. #, etc.
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City & State OCALA FL	City & State OCALA FL	4. FEI Number <b>59-3686057</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 34474	Country US	Zip 34474	Country US

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name  
GOLDBERG ROBERT A  
Street Address (P.O. Box Number is Not Acceptable)  
1528 OAK FOREST DR.  
City  
ORMOND BEACH FL Zip Code  
32174

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.

SIGNATURE ROBERT A. GOLDBERG DATE 07/07/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG ROBERT A 1528 OAK FOREST DRIVE ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Robert A. Goldberg MGR Date 07/07/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)