

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 59-3686057	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 34474	Country US	Zip 34474	Country US

DO NOT WRITE IN THIS SPACE

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
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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****07/07/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> 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
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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.

SIGNATURE: Robert A. Goldberg**MGR****07/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)