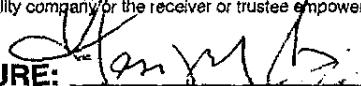


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000000484		
1. Entity Name MJM ENTERPRISES, L.C.		
Principal Place of Business 17183 NW 13 ST. PEMBROKE PINES, FL 33028	Mailing Address 17183 NW 13 ST. PEMBROKE PINES, FL 33028	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MARKHAM-MACHADO, YERIZ 17183 NW 13 ST. PEMBROKE PINES, FL 33028		
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 September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKHAM-MACHADO, YERIZ 17183 NW 13 ST PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO, JOSE 17183 NW 13 ST PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 5/3/05 Daytime Phone # 954-431-8289		



05032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1073033

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

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000000362578
05/05/05-80123-003 55.00

**DO NOT WRITE
IN THIS SPACE**