

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90118 012 \*\*\*150.00

<b>DOCUMENT #</b> L01000021353 1. Entity Name  FJC AND ASSOCIATES LLC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3001 BATALLY COURT Suite, Apt. #, etc.		3. Mailing Address 3001 BATALLY COURT Suite, Apt. #, etc.	
City & State LADY LAKE, FL		City & State LADY LAKE, FL	
Zip 32162	Country	Zip 32162	Country

4. FEI Number 31-1815700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

20046509

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name FRANK J COOK III	
Street Address (P.O. Box Number is Not Acceptable) 3001 BATALLY COURT	
City LADY LAKE	Zip Code 32162

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICLOR INC 726 CASINO CENTER BLVD, STE#207-J LAS VEGAS, NV 89101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*D. Roberts Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2006

Date

(352) 753-8900

Daytime Phone #