

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010388

Entity Name: MJ HOLDINGS LLC

FILED  
Jul 03, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 562636  
PINECREST, FL 332562636

**New Principal Place of Business:**

3353 ANTICA STREET  
FORT MYERS, FL 33905

**Current Mailing Address:**

P.O. BOX 562636  
PINECREST, FL 332562636

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GARCIA, CARLOS ESQ  
GARCIA, FFERNANDEZ & ASSOCIATES  
4100 S.W. 57 AVE.  
MIAMI, FL 33155 US

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SAINZ, MIGUEL A  
Address: P.O. BOX 562636  
City-St-Zip: PINECREST, FL 332562636

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Delete  
Name: SAINZ, MIGUEL A PRES  
Address: PO BOX 562636  
City-St-Zip: PINECREST, FL 332562636

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIGUEL A SAINZ

MGR

07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date