

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000030007

1. Entity Name
MMJ REAL ESTATE, LLC



Principal Place of Business
12460 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071

Mailing Address
12460 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3068829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KARP, STEVEN Y
12460 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000578934
01/10/07-80027-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KARP, STEVEN Y
STREET ADDRESS	12460 W. ATLANTIC BLVD.
CITY - ST - ZIP	CORAL SPRINGS, FL 33071

TITLE	MGRM
NAME	MELAMED, ELLIOTT
STREET ADDRESS	12460 W. ATLANTIC BLVD.
CITY - ST - ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

1/4/07 9541573553