

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031609

FILED
Jan 09, 2004
Secretary of State

Entity Name: MTMJ INVESTMENTS, LLC

Current Principal Place of Business:

1134 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1134 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 74-3070665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURKIN, MICHAEL
5950 SHADY OAK LN
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

DURKIN, MICHAEL
5950 SHADY CREEK LN
PORT ORANGE, FL 32128 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: MICHAEL J. DURKIN

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DURKIN, MICHAEL J
Address: 5950 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR () Delete
Name: DUKEW, TERRY
Address: 5950 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DURKIN, MICHAEL J
Address: 5950 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR (X) Change () Addition
Name: DURKIN, TERRY
Address: 5950 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. DURKIN

MGRM

01/09/2004

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