2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000002172

1. Entity Name
M & J INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2065 N. VOLUSIA AVENUE (HWY 17-92) VOLUSIA, FL 32763 US	2065 N. VOLUSIA AVENUE (HWY 17-92) VOLUSIA, FL 32763 US

01232007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1040089
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGMAN, CINDY
513 N. PINE MEADOW DRIVE
DEBARY, FL 32713

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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 _____ DATE
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

U00000627977
02/15/07-80083-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRIDGMAN, JAMES J PRES
STREET ADDRESS	2903 CYPRESS RIDGE TRAIL
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	MGRM
NAME	BRIDGMAN, MARK T VP
STREET ADDRESS	513 N PINE MEADOW DR
CITY-ST-ZIP	DEBARY, FL 32716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ PRES 386 774 5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #