

AMENDED

2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

PENDING
02-16-2004 90160 019 *****50.00
03-19-2004 90269 028 *****50.00
L03000008467

FILED

2004 MAY -4 A 11:33

SECRETARY OF STATE



DOCUMENT # L03000008467					
1. Entity Name MJM LAND HOLDINGS, LLC					
Principal Place of Business 925 HARBOUR BAY DRIVE TAMPA, FL 33602		Mailing Address 925 HARBOUR BAY DRIVE TAMPA, FL 33602			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3567622	
				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 JACOBSON, RICHARD A 501 E KENNEDY BLVD STE-1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: Michael J. McGuinness Street Address (P.O. Box Number is Not Acceptable): 925 Harbor Bay Drive City: Tampa FL Zip Code: 33602	
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: 4-8-2004 (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUINNESS, MICHAEL 925 HARBOUR BAY DR. TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: Michael J. McGuinness, President/CEO Date: 3-13-04 Daytime Phone #: 777-415-0593					