

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013823

Entity Name: M & J REALTY INVESTMENTS, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

118 W. ADAMS STREET
SUITE 6
JACKSONVILLE, FL 32202

Current Mailing Address:

118 W. ADAMS STREET
SUITE 6
JACKSONVILLE, FL 32202

New Principal Place of Business:

118 W. ADAMS STREET
SUITE 600
JACKSONVILLE, FL 32202

New Mailing Address:

118 W. ADAMS STREET
SUITE 600
JACKSONVILLE, FL 32202

FEI Number: 04-3758038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POUCHER, ALLEN L JR.
2705 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: SCHULTZ, JOHN R
Address: 118 W. ADAMS STREET, SUITE #6
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: JOINER, MILLER V III
Address: 1769 GLENDALE STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHULTZ, JOHN R
Address: 118 W. ADAMS STREET, SUITE #600
City-St-Zip: JACKSONVILLE, FL 32202

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. SCHULTZ

MGRM

04/27/2006

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