

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State



DOCUMENT # L03000015349 1. Entity Name MJMC ASSOCIATES, L.L.C.					
Principal Place of Business 2383 FIESTA DRIVE SARASOTA FL 34231			Mailing Address 2383 FIESTA DRIVE SARASOTA FL 34231		
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 65-1185172 <div style="float: right; text-align: right;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent JOHNSON, MICHAEL J 2383 FIESTA DRIVE SARASOTA FL 34231			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, MICHAEL J 2383 FIESTA DRIVE SARASOTA FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			U000000551596 05/13/06-80107-015 50.00		
SIGNATURE: <i>Michael Johnson as Manager</i>			4/25/06 941-927-8446		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		