


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90036 032 ****50.00

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 - No P.O. Box #		3. Mailing Address P.O. Box 21182			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA FL.		4. FEI Number 65-1185172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
34276-4182		U.S.		01132007 Chg-LLC CR2E083 (12/06)	
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			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: <u>Michael J. Johnson</u> <u>Michael J. Johnson</u> <u>1/15/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
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	MGR JOHNSON, MICHAEL J P.O. Box 21182 SARASOTA, FLA 34276-4182
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Michael J. Johnson</u> <u>Michael J. Johnson</u> <u>1/15/07</u> <u>941-927-8446</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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