

2007 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000027840</b>					
<b>1. Entity Name</b> MCJC DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 12555 BISCAYNE BLVD., #997 NORTH MIAMI, FL 33181			<b>Mailing Address</b> 12555 BISCAYNE BLVD., #997 NORTH MIAMI, FL 33181		
<b>2. Principal Place of Business - No P.O. Box #</b> 8340 RESOURCE DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3801 N UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 315			
<b>City &amp; State</b> RIVIERA BEACH, FL Zip: 33404		<b>City &amp; State</b> SUNRISE, FL Zip: 33351		<b>4. FEI Number</b> 14-1904362	
<b>Country</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> MARTIN, PAUL S 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020				<b>7. Name and Address of New Registered Agent</b> Name: LOUIS J. TERMINELLO, ESQ. Street Address (P.O. Box Number is Not Acceptable): 2700 SW 37 AVENUE City: MIAMI FL Zip Code: 33133	
<b>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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: 10/3/07					
Amended AR is \$50.00		BK		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PAUL S 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL DEL PERCIO 3801 N UNIVERSITY DR, SUITE 315 SUNRISE, FL 33351	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Leonard Del Percio</u> 10/01/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone: 954 747 7676					

**FILED**  
 07 OCT -9 PM 2:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



09262007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

10/3/07

BK

500110940055  
10/18/07-01009-002 \*\*50.00