

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90234 023 \*\*\*\*\*50.00

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000031195</b>            |  |
| 1. Entity Name<br><b>M.J. COMPANY LLC</b> |                                                                                   |

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>6867 BELFORT OAKS PLACE<br/>JACKSONVILLE, FL 32216 US</b> | Mailing Address<br><b>6867 BELFORT OAKS PLACE<br/>JACKSONVILLE, FL 32216 US</b> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

34009609

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07082004 Chg-LLC CR2E083 (10/03)

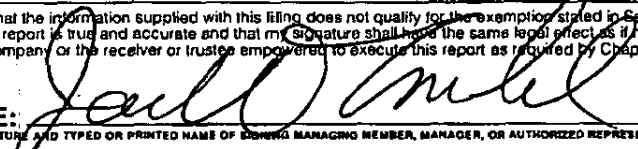
|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-0163386</b>                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                        |

|                                                                                              |  |                                                                                   |  |
|----------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                              |  | 7. Name and Address of New Registered Agent                                       |  |
| <b>TRIMBLE, MARY JANE</b><br><b>6867 BELFORT OAKS PLACE</b><br><b>JACKSONVILLE, FL 32216</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 is required when reinstating) |  | DATE                                                 |
| Filing Fee is \$50.00<br>Due by September 8, 2004 |  |                                                                 |  | Make check payable to<br>Florida Department of State |

| 9. MANAGING MEMBERS/MANAGERS                     |                                                                                                                                       | 10. ADDITIONS/CHANGES                            |                                                                   |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGR</b><br><b>JAMES W. &amp; MARY J. TRIMBLE, TEN BY ENTIRE</b><br><b>6867 BELFORT OAKS PLACE</b><br><b>JACKSONVILLE, FL 32216</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                       | Date: <b>7-12-04</b><br>Daytime Phone # |

CH # 7792