


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90161 027 ****50.00

| | | | |
|---|---|--|---|
| DOCUMENT # L03000033283 1. Entity Name MBJ OF FLORIDA, LLC | |  | |
| Principal Place of Business 4104 W. LINEBAUGH AVENUE TAMPA, FL 33624 | | Mailing Address 4104 W. LINEBAUGH AVENUE TAMPA, FL 33624 | |
| 2. Principal Place of Business 37837 Meridian Ave. | | 3. Mailing Address 37837 Meridian Ave. | |
| Suite, Apt. #, etc. Suite 314 | | Suite, Apt. #, etc. Suite 314 | |
| City & State Dade City, FL | | City & State Dade City, FL | |
| Zip Country 33525 USA | | Zip Country 33525 USA | |
| 4. FEI Number 20-0196577 | | Applied For <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 JOHNSON, LEONARD H 37837 MERIDIAN AVENUE SUITE 314 DADE CITY, FL 33525 | | 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 reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM M TAMPA, LLC 4104 W. LINEBAUGH AVENUE TAMPA, FL 33624 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Leonard H. Johnson, Esq. 37837 Meridian Ave, Suite 314 Dade City, FL 33525 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 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: <i>Leonard H. Johnson, Member Manager</i> | | Date 3/24/05 (352) 567-2500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |