2006 LIMITED LIABILITY COMPANY

May 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000002914 MJW PROPERTY HOLDINGS I, LLC Principal Place of Business Mailing Address 5400 BATES ST 5400 BATES ST SEMINOLE, FL 33772 SEMINOLE, FL 33772 04242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SOUSA, SUSAN A DO NOT WRITE 5400 BATES ST SEMINOLE, FL 33772 IN THIS SPACE 5. 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. Signature, sypool or printed name of registered agent and other supplicable (NOTE: Registered Agent signaluse required when her staling) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9. MGRM THE SOUSA, SUSAN A NAME 5400 BATES ST STREET ADDRESS U00000547150 05/12/06-80012-020 50.00 CITY-ST-OF SEMINOLE, FL 33772 Tiffé NAME STREET ADDRESS. CHY-SI-ZIP HILL NAME STREET ADDRESS DO NOT WRITE City -St - DP IN THIS SPACE DILL MARKE STREET AUDRESS CHIY-SI-ZIP 100% MAME STREET ADURESS

11. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Fronds Statutes, I further certify that the information indicated on this report is type and accurate and that my signature shall have the same legal effect as if made under cath, that I am a managing member or manager of the limited liability company or the receiver or trusteg empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \

City St ap HILE NAME STREET AUCRESS COY-S1- RP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED