


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90065 043 ***138.75

| | |
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| DOCUMENT # L04000011413 |  |
| 1. Entity Name MBMJ INVESTMENTS, LLC | |

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|---|---|
| Principal Place of Business 1050 COUNTRY RANCH RD DELEON SPRINGS, FL 32130 US | Mailing Address 1050 COUNTRY RANCH RD DELEON SPRINGS, FL 32130 US |
|---|---|

60003382



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01162008 Chg-LLC CR2E083 (12/06)

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|------------------------------------|--|
| 4. FEI Number 20-0716262 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent LEROUX, R M 507 HERBERT ST SUITE A PORT ORANGE, FL 32129 | |
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|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Nick Skarjee | |
| Street Address (P.O. Box Number is Not Acceptable) 507 Herbert St. Unit A | |
| City Port Orange | FL Zip Code 32129 |

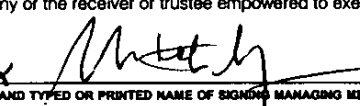
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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|--|------------------------|
| SIGNATURE  | DATE 1-16-08 |
|--|------------------------|

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---------------------------------|-----------------------|---|
| TITLE MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MOYER, MITCHELL | | NAME | |
| STREET ADDRESS 1050 COUNTRY RANCH RD | | STREET ADDRESS | |
| CITY-ST-ZIP DE LEON SPRINGS, FL 321303283 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

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|--|------------------------|--|
| SIGNATURE:  | DATE 1-16-08 | DAYTIME PHONE # 386 804 5218 |
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