

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

01-24-2008 90065 043 \*\*\*138.75

**DOCUMENT # L04000011413**

1. Entity Name  
**MBMJ INVESTMENTS, LLC**



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**



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01162008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
**LEROUX, R M  
 507 HERBERT ST  
 SUITE A  
 PORT ORANGE, FL 32129**

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**

4. FEI Number  
**20-0716262**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 \_\_\_\_\_ DATE **1-16-08**

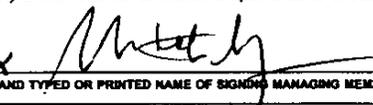
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOYER, MITCHELL 1050 COUNTRY RANCH RD DE LEON SPRINGS, FL 321303283</b> <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 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.

SIGNATURE:  DATE **1-16-08** 381 804 5218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #