FILED May 07, 2007 8:00 am Secretary of State

4/1

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-19-2007 90032 024 ****50.00 **DOCUMENT # L04000013545** 1. Entity Name MFFJC, LLC 30007074 Principal Place of Business Mailing Address **46 PENATAQUIT PL 46 PENATAQUIT PL HUNTINGTON, NY 11743** HUNTINGTON, NY 11743 04082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0740369 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VITALE, FRANCIS DO NOT WRITE 3501 WILD INDIGO BONITA SPRINGS, FL 34134 IN THIS SPACE 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. Signature, typed or printed name of regulated spars and ide 4 applicable. INOTE: Recovered Assert signature required when regulations DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME VITALE, FRANCIS STREET ADDRESS 3501 WILD INDIGO CITY-ST-ZIP BONITA SPRINGS, FL 34134 TITLE STREET ADORESS CITY-ST-7IP TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZP IIII F STREET ADDRESS CITY-ST-ZIP TETLE STREET ADDRESS 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 it 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

Daveme Phone #

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