
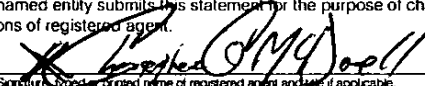
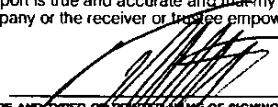


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90082 017 ****55.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L04000019678 1. Entity Name MAIN STEM PJ, LLC | | | |  | |
| Principal Place of Business 7208 PARKER SCHOOL ROAD 3 JACKSONVILLE, FL 32221 US | | | Mailing Address 9200 NW 36TH PL STE A GAINESVILLE, FL 32606 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03142006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 20-1008535 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Barcode | |
| 6. Name and Address of Current Registered Agent DEEGAN, TIMOTHY P CPA 9200 NW 36TH PL STE A GAINESVILLE, FL 32606 | | | 7. Name and Address of New Registered Agent Name Christopher McDowell Street Address (P.O. Box Number is Not Acceptable) 361 Morika Place City St. Augustine FL Zip Code 32080 | | |
| 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 04-26-06 | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, RICHMOND J 7208 JPARKER SCHOOL ROAD #3 JACKSONVILLE, FL 32211 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Tennifer Parker 2714 Burney Dr. Columbia, SC 29205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FRENCHMAN, BRANDT 8208 SW 42ND AVE GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCDOWELL, CHRISTOPHER 361 MORIKA PLACE SAINT AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEEGAN, TIMOTHY 9200 NW 36TH PL GAINESVILLE, FL 32606 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOUGHTY, THOMAS 317 19TH STREET SAINT AUGUSTINE, FL 32084 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Thomas Doughty 217 19th St. Saint Augustine, FL 32084 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROACH, DANIEL 957 NW 86TH TERR GAINESVILLE, FL 32606 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 04-26-06 DAYTIME PHONE # 904-347-4768 | | |