



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90159 031 \*\*\*138.75

<b>DOCUMENT # L04000028878</b> 1. Entity Name <b>MBJ INVESTMENTS, LLC</b>					
Principal Place of Business <b>3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308</b>				Mailing Address <b>3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308</b>	
2. Principal Place of Business - No P.O. Box # <b>1400 E. Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>		3. Mailing Address <b>1400 E. Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>			
City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		4. FEI Number <b>27-0087970</b>	
Country <b>U.S.A.</b>				Country <b>U.S.A.</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PIOTRKOWSKI, JOEL S ESQUIRE 317 - 71ST STREET MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFSKY, STANLEY 3696 N. FEDERAL HIGHWAY, SUITE 203 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFSKY, STANLEY 1400 EAST OAKLAND PARK BLVD., #103 FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>4/15/08</b> Daytime Phone #: <b>954-567-5161</b>		

*Stanley Markofsky, managing member*