


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000038970**  
 1. Entity Name  
**MJ REAL ESTATE SOLUTIONS LLC**



Principal Place of Business <b>5379 LYONS ROAD          SUITE 116          COCONUT CREEK, FL 33073</b>	Mailing Address <b>5379 LYONS ROAD          SUITE 116          COCONUT CREEK, FL 33073</b>
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**DO NOT WRITE IN THIS SPACE**

01082006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1160552</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MERLIN, JEFFREY S  
 5379 LYONS ROAD  
 SUITE 116  
 COCONUT CREEK, FL 33073**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERLIN, JEFFREY 5379 LYONS ROAD, SUITE 116 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERLIN, MAXINE 5379 LYONS ROAD, SUITE 116 COCONUT CREEK, FL 33073
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 01/17/06-80014-005 50.00

**DO NOT WRITE IN THIS SPACE**

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 a limited liability company or the recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **JEFFREY S MERLIN** January 9, 2006 954-224-72

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