


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000050433 1. Entity Name MMJC4 LLC |  |
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|---|---|
| Principal Place of Business 1200 ROUTE 208 MONROE, NY 10960 | Mailing Address 1200 ROUTE 208 MONROE, NY 10960 |
|---|---|



02242007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1395958 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 |
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IN THIS SPACE**

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| 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> | DATE _____ |


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TEICH, MARTIN 1200 ROUTE 208 MONROE, NY 10960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TEICH, MINDY 1200 ROUTE 208 MONROE, NY 10960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIETSCH, JOHN 1200 ROUTE 208 MONROE, NY 10960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PIETSCH, CATHERINE 1200 ROUTE 208 MONROE, NY 10960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEILWEIL, MILTON 7963 SAILBOAT KEY BLVD SOUTH PASADENA, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEILWEIL, DEBORAH 7963 SAILBOAT KEY BLVD SOUTH PASADENA, FL 33707 |

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04/03/07-00005-024 50.00

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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. |
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|--|---------------------------------------|--------------------------------|
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | 3/19/07 <small>Date</small> | <small>Daytime Phone #</small> |
|--|---------------------------------------|--------------------------------|