

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 14, 2005 8:00 am
Secretary of State

05-17-2005 90119 012 ****50.00

DOCUMENT # L04000051828					
1. Entity Name MJS UTILITIES, LLC					
Principal Place of Business 139 PECKHAM STREET SW PORT CHARLOTTE, FL 33952			Mailing Address 139 PECKHAM STREET SW PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 2371 SE US Hwy 31 Suite, Apt. #, etc. Ft. Charlotte FL City & State 34266		3. Mailing Address 139 SW Peckham St Suite, Apt. #, etc. Ft. Charlotte FL City & State 33952		04272005 Chg-LLC CR2E083 (10/03)	
Zip Country 34266 USA		Zip Country 33952 USA		4. FEI Number 20-1611766	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMES, ANDREW T CPA CFP 128 W OAK STREET ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name: <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>6-5-05</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAND, MICHAEL J SR 139 PECKHAM STREET SW PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>5-10-05</u> Daytime Phone: <u>813-990-1393</u>	

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