2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000056728

1. Entity Name
MMJ INVESTMENTS II, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY 30 AH 8: 42

Principal Place of Business

Mailing Address

12460 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071 12460 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1325464

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

BLOOM, JONATHAN 2295 NW CORPORATE BLVD. SUITE 117 BOCA RATON, FL 33431

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	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
٥.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state or Florida. Farm familiar with, and accept the obligations of registered agent.
	the duligations of registered agent.
SI	GNATURE

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MELAMED & KARP 401K F/B/O STEVEN Y. KARP
STREET ADDRESS	12460 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	MELAMED & KARP 401K F/B/O ELLIOT MELAMED
STREET ADDRESS	12460 W. ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
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11 Lhereby	certify that the information supplied with this filing does not qualify for the o

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08

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