


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000061897 1. Entity Name MRCJ PROPERTIES, L.L.C.	
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Principal Place of Business 1141 SE 43RD TERRACE OCALA, FL 34471	Mailing Address 1141 SE 43RD TERRACE OCALA, FL 34471
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01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1547747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MADER, MARK A 1141 SE 43RD TERRACE OCALA, FL 34471
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADER, RUSSELL 115 COVENTRY WYNDE KINGSPORT, TN 37664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, CATHERINE A 115 COVENTRY WYNDE KINGSPORT, TN 37664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADER, JUDITH A 1141 SE 43RD TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADER, MARK A 1141 SE 43RD TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80022-009 50.00

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

SIGNATURE: Mark A. Mader 1-8-07 694-2389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #