


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083278

1. Entity Name
MJB ENTERPRISES LLC



Principal Place of Business Mailing Address

19 REGAL PLACE PO BOX 770173
WINTER GARDEN, FL 34787-2332 WINTER GARDEN, FL 34777-0173



01302006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2178556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERSELL, MICHAEL
19 REGAL PLACE
WINTER GARDEN, FL 34787-2332

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

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

1100000417392
 02/13/06-80055-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSELL, MICHAEL 19 REGAL PLACE WINTER GARDEN, FL 347872332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSELL, CATHERINE 19 REGAL PLACE WINTER GARDEN, FL 347872332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: 

1.30.06 407.9487050

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

Date Daytime Phone #