


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

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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 _____ 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

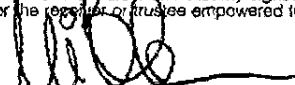
1100000417392
 02/13/06-80055-004 50.00

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 |
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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:  **1.30.06 407.9487050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #