

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084605

Entity Name: MJR NVEST, LLC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

157 FONSECA DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

157 FONSECA DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-2130236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, TIMOTHY K ESQ
480 MAPLEWOOD DRIVE SUITE 5
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEINER, MILTON
Address: 157 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: STEINER, JOHN
Address: 157 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: STEINER, ROBERT
Address: 157 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STEINER, JOHN E
Address: 157 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN E STEINER

MGR

03/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date