


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90104 004 ****50.00

DOCUMENT # L04000086155 1. Entity Name MJ SQUARED, L.L.C.					
Principal Place of Business P.O. BOX 49586 SARASOTA, FL 34230 US			Mailing Address P.O. BOX 49586 SARASOTA, FL 34230 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1938421	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAVARY, JOHNSON S JR, ESQ 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL				Name <u>Marvin Kaplan</u> Street Address (P.O. Box Number is Not Acceptable) <u>50 Central Ave.</u> Unit <u>1702</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>	
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 <u>M. Kaplan Mgr.</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/15/06</u>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAPLAN, MARVIN P.O. BOX 49586 SARASOTA, FL 34230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>M. Kaplan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>5/15/06</u> <small>Date</small>		<u>941-581-9000</u> <small>Daytime Phone #</small>