

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093207

Entity Name: MJ PROPERTIES, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

501 MIRASOL CIR., #320
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

501 MIARSOL CIRCLE, 320
CELEBRATION, FL 34747

New Mailing Address:

501 MIRASOL CIR., #320
CELEBRATION, FL 34747

FEI Number: 20-4032525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COULTER, JONI K
1220 AQUILA LOOP
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

COULTER, JONI K
501 MIRASOL CIRCLE
320
CELEBRATION, FL 34747 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COULTER, JONI K
Address: 1220 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: COULTER, MARK R
Address: 1220 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COULTER, JONI K
Address: 501 MIRASOL CIRCLE #320
City-St-Zip: CELEBRATION, FL 34747

Title: MGR (X) Change () Addition
Name: COULTER, MARK R
Address: 501 MIRASOL CIRCLE #320
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: JONI COULTER

MGR

04/29/2008

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