



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-26-2006 90019 031 ****50.00

DOCUMENT # L05000002767 1. Entity Name M.S.R.J.,L.L.C.					
Principal Place of Business 6833 EAST ROAD JACKSONVILLE, FL 32216			Mailing Address 6833 EAST ROAD JACKSONVILLE, FL 32216		
2. Principal Place of Business 3705 Point Pleasant Rd. Suite, Apt. #, etc.		3. Mailing Address 3705 Point Pleasant Rd. Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32217		City & State Jacksonville, FL Zip 32217		4. FEI Number 20-2173315	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOARDMAN, ANGELA L 6833 EAST ROAD JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Glidewell, Richard A. Street Address (P.O. Box Number is Not Acceptable) 12359 Autumn Brook Trail West City Jacksonville FL Zip Code 32250	
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 obligation of registered agent. SIGNATURE <u><i>Richard A. Glidewell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/23/06</i></u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOARDMAN, PATRICK L 6833 EAST ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Boardman, Patrick L. 3705 Point Pleasant Rd. Jacksonville, FL 32217
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM GLIDEWELL, RICHARD A 12359 AUTUMN BROOK TRAIL W. JACKSONVILLE, FL 32250		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Patrick L. Boardman</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u><i>4-23-06</i></u> Daytime Phone #	