


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-15-2007 90134 003 ****50.00

DOCUMENT # L05000007503			
1. Entity Name MARJ REALTY, LLC			
Principal Place of Business 68 ARBOR OAKS DRIVE SARASOTA FL 34232		Mailing Address 68 ARBOR OAKS DRIVE SARASOTA FL 34232	
2. Principal Place of Business - No P.O. Box # 171 Walkley Hill Rd Suite, Apt. #, etc.		3. Mailing Address 171 Walkley Hill Rd Suite, Apt. #, etc.	
City & State Haddam CT		City & State Haddam	
4. FEI Number 20-2239934		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 MATULEVICH, JEFFREY B 68 ARBOR OAKS DRIVE SARASOTA FL 34232		7. Name and Address of New Registered Agent Name: Jeffrey B Matulevich Street Address (P.O. Box Number is Not Acceptable): 9623 61st Drive East City: Bradenton, FL FL Zip Code: 34203	
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 _____ <small>Signature, typed or covered name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MATULEVICH, RONALD 171 WALKLEY HILL RD HADDAM CT 06438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MATULEVICH, MARY ALICE B 171 WALKLEY HILL RD HADDAM CT 06438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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>Jeffrey B Matulevich</u>		Date: <u>3/26/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	