

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# L05000009718

Entity Name: MCJS LLC

**Current Principal Place of Business:**

4920 ESPLANADE STREET  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2325  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

FEI Number: 20-3083871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICKEL, CARL I  
4920 ESPLANADE STREET  
BONITA SPRINGS, FL 34134 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: TER - RAN PARTNERSHI, P  
Address: 4920 ESPLANADE STREET  
City-St-Zip: BONITA SPRINGS, FL 34134 US

**ADDITIONS/CHANGES:**

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

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: CARL I. NICKEL      MGR      04/30/2007

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