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Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90142 028 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011508

1. Entity Name
MNJR, LLC

Principal Place of Business
5918 N. PLUM BAY PARKWAY
TAMARAC, FL 33321 US

Mailing Address
~~5918 N. PLUM BAY PARKWAY~~
~~TAMARAC, FL 33321 US~~

20009073

02102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		2950 W. CYPRESS CREEK ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 102	
City & State		City & State FT. LAUDERDALE, FL	
Zip	Country	Zip 33309	Country USA

4. FEI Number 20-2272387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENSTOCK, MITCHELL L
5918 N. PLUM BAY PARKWAY
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ROSENSTOCK, MITCHELL L 5918 N. PLUM BAY PARKWAY TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Mitchell Rosenstock 2-13-06 561-236-8824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #