



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000018736 1. Entity Name MJC LLC	
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Principal Place of Business 810 MILLSTREAM LANE ORMOND BEACH, FL 32174	Mailing Address PO BOX 731835 ORMOND BEACH, FL 32173
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 81-0665484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLIES, CHARLES J TRUSTEE
 810 MILLSTREAM LANE
 ORMOND BEACH, FL 32174

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES J GILLIES REVOCABLE TRUST 450 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
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 02/20/08-80079-021 138.75

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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: *Charles J Gillies mgrm trustee* 2-8-08 386 689-5222

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