2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name



Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90025 023 ***138.75

FILED

DOCUMENT # L05000019399

MJSJ UN	ITED LLC										
Principal Place of Business 6111 BROKEN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487 Mailing Address 6111 BROKEN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487				ay NW, Suiti	E 350	1 1 28118 11 8 11	BOIRT BILLI BOM BOUT B	6 131 2818) (1818 1811		I ne t til L un i	
Principal Place of Business - No P.O. Box # Mailing Address			dress								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04242008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State				4. FEI Number Applied For 20-2459644 Not Applicable					
Zip	Country	Country Zip Cou				5. Certificate of Status Desired					
	Registered Agent				7. Name and	Address of New	Registered A	gent			
				Name							
CROWE, MELISSA 6111 BROKEN SOUND PKWY, NW STE 350 BOCA RATON, FL 33487				Street Add	dress (F	O. Box Number	er is Not Acceptab	ole)			
And the second s				City				FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	the purpose of changing it	s register	ed office or re	egistere	ed agent, or bo	th, in the State of F] amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if sonticable (NO	TE: Registere	d Agent signature	e techned	when reinstating)		DATE	_		
? 	alguators, typed or printed name or registered agent a	по шту паррисалие.	TE. Hegianise	a Agent signature	required	Wite in tell laketing)		DATE.			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								ike check pa da Departme	•	6	
9.	MANAGING MEMBE	RS/MANAGERS	10.			h	ADDITIONS	S/CHANGES			
TITLE	MGRM •	Delete	TITLE	E			-		Change	Addition	
NAME	SCHMIER, JEFFREY L		NAM	E				(_	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·			ET ADDRESS -ST-ZIP		6111 Broken Sound Pkwy NW, Suite 350 Boca Raton, FL 33487					
TITLE	MGR	☐ Delete	TITLI	E				,	Change	☐ Addition	
NAME	SCHMIER, JASON		NAM	- I	6111	l Brokon Ca	und Disses \$154	U 0.3- 05	0		
STREET ADDRESS CITY-ST-ZIP	7777 GLADES RD, # 201 BOCA RATON, FL 33434		STRE			11 Broken Sound Pkwy NW, Suite 350 ca Raton, FL 33487					
TITLE	MGR	☐ Delete	TITU						Change	☐ Addition	
NAME CTOSET ADDRESS	SCHMIER, STEPHEN		NAM		61	11 Broken 9	Sound Pkwy N	IN Cuita 3	150		
STREET ADDRESS CITY-ST-ZIP	7777 GLADES RD, # 201 BOCA RATON, FL 33434			ET ADORESS -ST-ZIP		ca Raton, F		ivv, Suite 3	550		
TITLE	MGR	☐ Delete	TITLI			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	CROWE, MELISSA		NAM	E				- 1	•		
Street address	7777 GLADES RD, # 201		STRE	ET ADDRESS			lound Pkwy N	W, Suite 3	50		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY	-ST-ZIP	Bo	ca Raton, F	L 33487				
TITLE		Delete	TITLI	l l					☐ Change	Addition	
NAME			NAM	l l							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		□ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS				ET AOORESS							
CITY-ST-ZIP				-ST-ZIP							

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.

Melissa Crowe 4/25/08 (561)988-1982 SIGNATURE:
SIGNATURE AND TYPED OR PANTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #