

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019399

Entity Name: MJSJ UNITED LLC

FILED  
Mar 15, 2011  
Secretary of State

## Current Principal Place of Business:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

## New Principal Place of Business:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

## Current Mailing Address:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487

## New Mailing Address:

6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

FEI Number: 20-2459644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROWE, MELISSA  
6111 BROKEN SOUND PKWY, NW STE 350  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

CROWE, MELISSA  
6111 BROKEN SOUND PKWY NW  
SUITE 350  
BOCA RATON, FL 33487 US

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:

03/15/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: SCHMIER, JEFFREY L  
Address: 6111 BROKEN SOUND PKWY NW, STE 350  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGR  
Name: SCHMIER, JASON  
Address: 6111 BROKEN SOUND PKWY NW, STE 350  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: SCHMIER, STEPHEN  
Address: 6111 BROKEN SOUND PKWY NW, STE 350  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: CROWE, MELISSA  
Address: 6111 BROKEN SOUND PKWY, STE 350  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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: JEFFREY SCHMIER

MGRM

03/15/2011

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