

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-12-2006 90240 002 ***158.75

DOCUMENT # L05000024744 1. Entity Name MJMRBM, LLC					
Principal Place of Business 6105 - G MEMORIAL HIGHWAY TAMPA, FL 33615			Mailing Address 6105 - G MEMORIAL HIGHWAY TAMPA, FL 33615		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Filing Number 20-2010289				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'MALLEY, ANDREW M C/O CAREY, O'MALLEY, ET AL 721 SOUTH OREGON AVE. TAMPA, FL 33606			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 file if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGR MAESTRELLI, RICHARD B 6105 - G MEMORIAL HIGHWAY TAMPA, FL 33615	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
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 for the period or periods enclosed to execute this report as required by Chapter 606, Florida Statutes.			Please include Certificate of Good Standing		
SIGNATURE:			Richard B. Maestrelli 5/8/06 (813) 882-9200		