2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000029211

Entity Name: M & J RESURFACING, LLC

Current Principal Place of Business:

911 KIRK STREET
ORLANDO, FL 32808

New Principal Place of Business:

345 SANDPIPER RIDGE DR
ORLANDO, FL 32835

Current Mailing Address:

911 KIRK STREET
ORLANDO, FL 32808

New Mailing Address:

345 SANDPIPER RIDGE DR
ORLANDO, FL 32835

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEEDLES, MATT J
911 KIRK STREET
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

NEEDLES, MATT J
345 SANDPIPER RIDGE DR
ORLANDO, FL 32835 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: MATT J NEEDLES 01/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NEEDLES, MATT J
Address: 911 KIRK STREET
City-St-Zip: ORLANDO, FL 32808

Title: MGRM ( ) Delete
Name: NEEDLES, JOY P
Address: 911 KIRK STREET
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEEDLES, MATT J
Address: 345 SANDPIPER RIDGE DR
City-St-Zip: ORLANDO, FL 32385

Title: MGRM (X) Change ( ) Addition
Name: NEEDLES, JOY P
Address: 345 SANDPIPER RIDGE DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MATT J NEEDLES MGRM 01/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date