


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 049 ****50.00

DOCUMENT # L05000044085	
1. Entity Name MJVR PROP 4, LLC	

Principal Place of Business 1206 E RIDGEWOOD ST ORLANDO, FL 32803	Mailing Address 1206 E RIDGEWOOD ST ORLANDO, FL 32803
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00040214



2. Principal Place of Business - No P.O. Box # 202 DUNE CIR.	3. Mailing Address 202 DUNE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State NEW SMYRNA BEACH	City & State NEW SMYRNA BEACH
Zip 32169	Zip 32169
Country USA	Country USA

4. FEI Number 20-2796942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, CARLA D 1206 E. RIDGEWOOD ST ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name MICHAEL JANSON Street Address (P.O. Box Number is Not Acceptable) 202 DUNE CIR. City NEW SMYRNA BEACH FL Zip Code 32169	
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANSON, M 202 DUNE CIR BELL, FL 32619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, V 202 DUNE CIR BELL, FL 32619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Janson **MICHAEL JANSON** 3.14.07 386.409-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #