


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90022 012 ****50.00

DOCUMENT # L05000048747

1. Entity Name
MJ ENTERPRISES OF WEST FLORIDA LLC



Principal Place of Business
**2017 WHITNEY DRIVE
 CLEARWATER, FL 33760**

Mailing Address
**2017 WHITNEY DRIVE
 CLEARWATER, FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2894968

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WARD, R. CARLTON ESQ.
 RICHARDS, GILKEY, FITE, ET AL
 1253 PARK STREET
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent
 Name **Elizabeth Carallo**
 Street Address (P.O. Box Number is Not Acceptable)
**2017 Whitney Dr
 Clearwater**
 City **FL** Zip Code **33760**

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 *Elizabeth Carallo* DATE 16-Apr-2006
Signature, typed or printed name of registered agent and title 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	President Michael Mayers 2017 Whitney Dr Clearwater FL 33760 <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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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 Mayers* DATE 16 APR 2006 DAYTIME PHONE # 727 204 1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE