


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

|   |   |  |   |   |                                     |
|---|---|--|---|---|-------------------------------------|
| <b>DOCUMENT # L05000048747</b>  |   |  |   |  |                                     |
| <b>1. Entity Name</b><br>MJ ENTERPRISES OF WEST FLORIDA LLC   |   |  |   |   |                                     |
| <b>Principal Place of Business</b><br>2017 WHITNEY DRIVE<br>CLEARWATER, FL 33760  |   |  | <b>Mailing Address</b><br>2017 WHITNEY DRIVE<br>CLEARWATER, FL 33760  |   |                                     |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                    |   |   |                                     |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |                                     |
| City & State  |   | City & State   |   |   |                                     |
| Zip   | Country   | Zip  | Country   | 04062006    Chg-LLC    CR2E083 (11/05)  |                                     |
| <b>4. FEI Number</b><br>20-2894968  |   |  |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |                                     |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>\$5.00 Additional Fee Required</b>   |                                     |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>  |   |                                     |
| WARD, R. CARLTON ESQ.<br>RICHARDS, GILKEY, FITE, ET AL<br>1253 PARK STREET<br>CLEARWATER, FL 33756  |   |  | Name <u>Elizabeth Carallo</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>2017 Whitney Dr</u><br><u>Clearwater</u><br>City <u>FL</u> Zip Code <u>33760</u> |   |                                     |
| <b>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.</b>  |   |  |   |   |                                     |
| SIGNATURE <u>Elizabeth Carallo</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  | DATE <u>16-Apr-2006</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |                                     |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |                                     |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |                                     |
| TITLE <u>President</u> <input type="checkbox"/> Delete<br>NAME <u>Michael Mayers</u><br>STREET ADDRESS <u>2017 Whitney Dr</u><br>CITY-ST-ZIP <u>Clearwater FL 33760</u>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |                                     |
| <b>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.</b> |   |  |   |   |                                     |
| SIGNATURE: <u>Michael Mayers</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | Date <u>16 APR 2006</u>   |   | Daytime Phone # <u>727 204 1949</u> |