


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90204 045 ****55.00

DOCUMENT # L05000051481					
1. Entity Name M & J LANDS, LLC					
Principal Place of Business 225 N. COMMONWEALTH AVE. POLK CITY, FL 33868			Mailing Address P.O. BOX 2100 EAGLE LAKE, FL 33839		
2. Principal Place of Business 3580 Recker HWY Suite, Apt. #, etc. Suite # 1		3. Mailing Address Suite, Apt. #, etc. City & State Winter Haven, FL			
City & State Winter Haven, FL		City & State 		4. FEI Number 20-2921835	
Zip FL 33880		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOWDERS, JEFFREY 225 N. COMMONWEALTH AVE. POLK CITY, FL 33868			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE #1, 3580 Recker Highway City Winter Haven, FL Zip Code 33880		
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 <i>X</i> <u>Jeff Sowers</u> MGR M+J LANDS, LLC 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input type="checkbox"/> Delete MARC HOWARD SUITE 1- 3580 Recker Hwy WINTER HAVEN, FL 33880	TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER <input type="checkbox"/> Delete JEFF SOWDERS SUITE 1- 3580 Recker Hwy WINTER HAVEN, FL 33880	TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITTLE 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: <i>X</i> <u>Marc Howard</u> MGR 2/21/06 (863) 229-2660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					