

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053267

FILED
Sep 04, 2007
Secretary of State

Entity Name: MJ VENTURES OF PALM BEACH, LLC

Current Principal Place of Business:

1936 S. UNIVERSITY DR
DAVIE, FL 33324

New Principal Place of Business:

8870 SOUTHERN ORCHARD RD S.
DAVIE, FL 33328 US

Current Mailing Address:

8870 S. SOUTHERN ORCHARD RD.
DAVIE, FL 33328

New Mailing Address:

8870 S. SOUTHERN ORCHARD RD.
DAVIE, FL 33328 US

FEI Number: 20-3306175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STANTON, ROGER C
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

KERN, JEROME
8870 SOUTHERN ORCHARD RD S
DAVIE, FL 33328 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: JEROME KERN

09/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KERN, JEROME
Address: 8870 S. SOUTHERN ORCHARD ROAD
City-St-Zip: DAVIE, FL 33328

Title: MGR () Delete
Name: KERN, MICHAEL
Address: 2906 S. UNIVERSITY DR, #10101
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEROME KERN

MGR

09/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date