

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053608

Entity Name: MJ GROUP LLC

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

4540 S.W. 75 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

9200 SOUTH DADLAND BLVD
#214
MIAMI, FL 33156

Current Mailing Address:

4540 S.W. 75 AVENUE
MIAMI, FL 33155

New Mailing Address:

9226 SW 67TH AVE
MIAMI, FL 33156

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERAVI, MEHRDAD
4540 S.W. 75 AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

HERAVI, MEHRDAD
9226 SW 67TH AVE
MIAMI, FL 33156 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: MEHRDAD HERAVI

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAILE, JOCLYN
Address: 4540 S.W. 75 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: HERAVI, MEHRDAD
Address: 4540 S.W. 75 AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAILE, JOCLYN
Address: 9200 SOUTH DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: MGR (X) Change () Addition
Name: HERAVI, MEHRDAD
Address: 9200 SOUTH DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: MEHRDAD HERAVI

MGR

03/28/2006

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