


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90171 048 ****50.00

DOCUMENT # L05000055913

1. Entity Name
 MJVR PROP 3, LLC



Principal Place of Business
 1206 EAST RIDGEWOOD STREET
 ORLANDO, FL 32803

Mailing Address
 1206 EAST RIDGEWOOD STREET
 ORLANDO, FL 32803

00028275



2. Principal Place of Business - No P.O. Box #
 202 DUNE CIR
 Suite, Apt. #, etc.

3. Mailing Address
 202 DUNE CIR
 Suite, Apt. #, etc.

03132007 Chg-LLC CR2E083 (12/06)

City & State
 NEW SMYRNA BEACH NEW SMYRNA BEACH

Zip
 32169 32169

Country

4. FEI Number
 20-3051454

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DELOACH BRYANT, CARLA
 1206 EAST RIDGEWOOD STREET
 ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
 MICHAEL JANSON

Street Address (P.O. Box Number is Not Acceptable)
 202 DUNE CIR

City
 NEW SMYRNA BEACH FL

Zip Code
 32169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANSON, M 202 DUNE CIRCLE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, V 202 DUNE CIRCLE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE 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: Michael Janson MICHAEL JANSON 3.14.07 286409-7748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #