## The wife

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000059078

1. Entity Name
MRJ PROPERTY MANAGEMENT LLC

Apr 16, 2007 08:00 Al Secretary of State

**FILED** 

Principal Place of Business

201 - 180TH DRIVE SUITE 309

NORTH MIAMI BEACH, FL 33160

Mailing Address

201 180TH DRIVE

SUITE 309

NORTH MIAMI BEACH, FL 33160



01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3053842

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, MARIA M 201 180TH DRIVE SUITE 309 NORTH MIAMI BEACH, FL 33160

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	ignature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
SIGNATURE_	TIRE				
	arned sharty submitts this statement for the purpose of changings of registered agent.	ing its registered divide at registered again, or bost,	The state of Fisher. Fair fairmar with, and assept		
8 The above of	amed entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both.	in the State of Florida. I am familiar with, and accept		

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENENDEZ, MARIA M 201 180TH DRIVE NORTH MIAMI BEACH, FL 33160
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NOCKTI MIRWIN BENGIA LE GOTOC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

MANAGING MEMBERS/MANAGERS

U00000711331 04/26/07-80001-014,50.00

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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: Maria M Minister Signature and typed or printed name of bigning managing member, or authorized representative

1/12/07 786-252-58

Daytime Phone €