2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90098 027 ***138.75

DOCUMENT # L05000079228

1. Entity Name
MJK, LLC

Principal Place of Business	Mailing Address
1235 SKIP WELLS COURT TALLAHASSEE, FL 32312	1235 SKIP WELLS COURT TALLAHASSEE, FL 32312

01232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3290332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOOLE, DANA G
2065 THOMASVILLE ROAD, SUITE 102
TALLAHASSEE, FL 32308

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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: _____ DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	YEALDHALL, MARK J
STREET ADDRESS	1230 SKIP WELLS COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	YEALDHALL, MARIA S
STREET ADDRESS	1230 SKIP WELLS COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	BURKETTE, JOHN
STREET ADDRESS	1235 SKIP WELLS COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	VOGTER, KAREN L
STREET ADDRESS	1235 SKIP WELLS COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80011-002 158.75

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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 603, Florida Statutes.

SIGNATURE: _____ JOHN E. BURKETTE 1.25.08 850.322.5719

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