


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 013 ***143.75

DOCUMENT # L05000082595 1. Entity Name MJ HOLDINGS, LLC					
Principal Place of Business 13526 STONE POND DR JACKSONVILLE, FL 32224			Mailing Address C/O JOHNIE E. JONES 5443 ROYAL OAK DR. FRUITLAND PARK, FL 34731		
2. Principal Place of Business - No P.O. Box # 5443 Royal Oak DR.		3. Mailing Address Suite, Apt. #, etc.			
City & State Fruitland Park, FL		City & State Suite, Apt. #, etc.			
Zip 34731		Country LAKE		4. FEI Number 11-3797030	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent JONES, JON M 13526 STONE POND DR JACKSONVILLE, FL 32224					
7. Name and Address of New Registered Agent Name JONES, JON M. Street Address (P.O. Box Number is Not Acceptable) 5443 Royal Oak DR City FRUITLAND PARK FL Zip Code 34731					
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 Jon M. Jones President 3-19-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JON M 13526 STONE POND DR JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JOHNIE E 5443 ROYAL OAKS DR. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, GABRIELL D 5443 ROYAL OAKS DR FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JON M. 5443 Royal Oak DR Fruitland Park, FL. 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JOHNIE E 5443 ROYAL OAKS DR. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, GABRIELL D 5443 ROYAL OAKS DR FRUITLAND PARK, FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JON M. 5443 Royal Oak DR Fruitland Park, FL. 34731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JOHNIE E 5443 ROYAL OAKS DR. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, GABRIELL D 5443 ROYAL OAKS DR FRUITLAND PARK, FL 34731	<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: Johnie E. Jones Johnie E. Jones 3/19/08 352.728.8655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					