


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90035 011 \*\*\*\*50.00

<b>DOCUMENT # L05000100109</b>	
1. Entity Name <b>MJS FAMILY ENTERPRISES, LLC</b>	

Principal Place of Business <b>PO BOX 1023 TALLEVAST, FL 34270</b>	Mailing Address <b>PO BOX 1023 TALLEVAST, FL 34270</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05032006 Chg-LLC CR2E083 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MELISSA K. RICE, PA</b> <b>1900 MAIN STREET</b> <b>STE 300</b> <b>SARASOTA, FL 34236</b> <i>Melissa K Rice P.A.</i> <i>2801 Fruitville Rd</i> <i>Ste 160</i> <i>Sarasota, FL 34237</i>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <i>[Signature]</i>	DATE <b>6/20/06</b>

<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SILVERS, MICHAEL PO BOX 1023 SARASOTA, FL 34270</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>[Signature]</i>	DATE <b>6/20/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
<b>Mike Silvers</b> <b>MANAGER</b> <b>(941) 376-0035</b>	