


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90276 041 \*\*\*\*50.00


<b>DOCUMENT # L05000111619</b>	
1. Entity Name <b>MJM CONSTRUCTION, LLC</b>	

Principal Place of Business <b>710 SW 56TH STREET CAPE CORAL FL 33914</b>	Mailing Address <b>710 SW 56TH STREET CAPE CORAL FL 33914</b>
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2. Principal Place of Business - No P.O. Box # <b>5700 CAPE HARBOUR DR.</b>	3. Mailing Address <b>5700 CAPE HARBOUR DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CAPE CORAL FL</b>	City & State <b>CAPE CORAL FL</b>
Zip <b>33914</b>	Zip <b>33914</b>
Country <b>USA</b>	Country <b>USA</b>

**00010004**



1st MOORE CR2E083 (10/06)

4. FEI Number <b>01-0853889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HOLLOWAY, JOHN ESQUIRE 700 ELEVENTH STREET SOUTH SUITE 202 NAPLES FL 34102</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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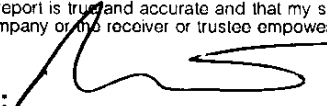
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MARINO, MICHAEL J 710 SW 56TH STREET CAPE CORAL FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MARINO, MICHAEL J 5700 CAPE HARBOUR DR. CAPE CORAL, FL 33914</b> <input checked="" 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
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 Section 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 J. MARINO** **2-16-07 (239) 945-4889**

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