


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #L06000020292</b><br>1. Entity Name<br><b>M &amp; J BUSINESS OFFICE FURNITURE PLUS, LC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>3119 INDIAN TRAIL<br/>LAKE WORTH, FL 33462 US</b> | Mailing Address<br><b>3119 INDIAN TRAIL<br/>LAKE WORTH, FL 33462 US</b> |
|---|---|



01122007No Chg-LLC      CR2E083 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>83-0448946</b>                        | Applied For<br>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<br><br><b>EARLE, MARK A<br/>8430 SHERMAN CIRCLE<br/>F505<br/>MIRAMAR, FL 33025</b> | <p style="font-size: 24px; font-weight: bold;">DO NOT WRITE<br/>IN THIS SPACE</p> |
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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 *[Signature]*      DATE 1/14/07

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when resigning)

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

| 9. MANAGING MEMBERS/MANAGERS |                      |
|------------------------------|----------------------|
| TITLE                        | MGR                  |
| NAME                         | EARLE, MARK          |
| STREET ADDRESS               | 3119 INDIAN TRAIL    |
| CITY-ST-ZIP                  | LAKE WORTH, FL 33462 |
| TITLE                        | MGR                  |
| NAME                         | JOSEPHS, JOEL        |
| STREET ADDRESS               | 3119 INDIAN TRAIL    |
| CITY-ST-ZIP                  | LAKE WORTH, FL 33462 |
| TITLE                        |                      |
| NAME                         |                      |
| STREET ADDRESS               |                      |
| CITY-ST-ZIP                  |                      |
| TITLE                        |                      |
| NAME                         |                      |
| STREET ADDRESS               |                      |
| CITY-ST-ZIP                  |                      |

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01/18/07-80054-013 50.00

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: *[Signature]*      Date 1/14/07      Daytime Phone # \_\_\_\_\_

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