## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000054049

Entity Name: MCJAG, LLC

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

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FILED Jul 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4707 S.E. 9TH PLACE 4707 SE 9TH PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** 4707 S.E. 9TH PLACE CAPE CORAL, FL 33904 FEI Number: 84-1712422 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOSWICK, MARIE A MGRM AUBUCHON, GARY E 4707 S.E. 9TH PLACE 4707 S.E. 9TH PLACE CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US 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. SIGNATURE: GARY E. AUBUCHON 07/31/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: MGRM (X) Change ( ) Addition () Delete JOSWICK, MARIE A AUBUCHON, GARY E Name: Name: 4707 SE 9TH PLACE Address: 4707 SE 9TH PLACE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: Title: ( ) Change (X) Addition ( ) Delete MILOFF, JEFFREY Name: Name: Address: Address: 4707 SE 9TH PLACE City-St-Zip: City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

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Address:

City-St-Zip:

SCHMIDT, CARL

MILOFF, ALLEN

М

4704 SE 9TH PLACE

4707 SE 9TH PLACE

JOSWICK, MARIE A

4603 SW 25TH PLACE

CAPE CORAL, FL 33914

CAPE CORAL, FL 33914

CAPE CORAL, FL 33904

( ) Change (X) Addition

( ) Change (X) Addition

SIGNATURE: GARY E. AUBUCHON MGRM 07/31/2008