

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066828

Entity Name: MJMW,LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

540 S. BANANA RIVER DRIVE
#106
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

540 S. BANANA RIVER DRIVE
#106
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-5140823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCPHILLIPS, MICHAEL
540 S. BANANA RIVER DRIVE
#106
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JSC LLC,
Address: 540 S. BANANA RIVER DRIVE, #106
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR () Delete
Name: TUCAN, LLC,
Address: 540 S. BANANA RIVER DRIVE, # 305
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR () Delete
Name: TOP ONE, LLC,
Address: 1643 LOOKOUT LENDING CIRCLE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL MCPHILLIPS

MGRM

02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date