


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002187
 1. Entity Name
MJ HOTELS OF TALLAHASSEE, L.L.C.



Principal Place of Business Mailing Address
 1601 BELVEDERE ROAD, SUITE 407 1601 BELVEDERE ROAD, SUITE 407
 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406



01202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865970	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A
 1601 BELVEDERE ROAD, SUITE 407
 WEST PALM BEACH, FL 33406

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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGRM
NAME	ASARCH, GAIL
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGRM
NAME	JABARA, THEODORE R JR.
STREET ADDRESS	366 EAST MADISON
CITY-ST-ZIP	CRESSKILL, NJ 07628
TITLE	MGRM
NAME	JABARA, RICHARD
STREET ADDRESS	7 KENOSIA AVE STE 2A
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	MGRM
NAME	WALSH, JANET
STREET ADDRESS	6 BENTLY LANE
CITY-ST-ZIP	STONY BROOK, NY 11790
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000481516
 04/11/06-80036-006 50.00

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

William A. Meyer

March 23, 2006 561-689-6602