

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L98000002807**  
 1. Entity Name  
 MJ APALACHEE ASSOCIATES, L.L.C.



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

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 65-0872441      Not Applicable

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 SOUTH  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MEYER, WILLIAM A<br>1601 BELVEDERE ROAD, SUITE 407 SOUTH<br>WEST PALM BEACH, FL 33406 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>JABARA, RICHARD<br>7 KENOSIA AVENUE, SUITE 2 A<br>DANBURY, CT 06810                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000481510  
 04/11/06-80036-005 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 # \_\_\_\_\_