

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000002482

1. Entity Name
MRJ PARTNERS, LLC



Principal Place of Business
2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH, FL 33480

Mailing Address
2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH, FL 33480

FILED

2004 SEP -9 A 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
81-0568837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AVERETT, JOHN
2875 SOUTH OCEAN BLVD., SUITE 200-29
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MCCLURE, MIKE
2875 SOUTH OCEAN BLVD. STE. 200-29
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BEAN, F. RAYMON
2875 SOUTH OCEAN BLVD. STE. 200-29
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

9-7-04 205-798-7766