


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90369 027 ****50.00

DOCUMENT # M06000004668 1. Entity Name M.J. ENTERPRISES, L.L.C.					
Principal Place of Business 1610 NEW HIGHWAY FARMINGDALE, NY 11735			Mailing Address 1610 NEW HIGHWAY FARMINGDALE, NY 11735		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05072007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 11-3297766				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PICCOLO, PAUL J 1200 S.E. PARKVIEW PLACE, #F6 900 JUNO OCEAN WALK STUART, FL 34994 Juno Beach FL 33408			7. Name and Address of New Registered Agent Name PAUL J Piccolo Street Address (P.O. Box Number is Not Acceptable) 900 JUNO OCEAN WALK City Juno Beach FL Zip Code 33408		
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 <u><i>Paul J Piccolo</i></u> DATE <u>5/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEADOWS, ARTHUR 1610 NEW HIGHWAY FARMINGDALE, NY 11735	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Arthur Meadows</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
Date _____			Daytime Phone # _____		