

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 022 ****50.00

DOCUMENT # L01000019612

1. Entity Name
MAJJ ENTERPRISES, LLC

Principal Place of Business Mailing Address
2702 FAIRMONT DRIVE 2702 FAIRMONT DRIVE
SEBRING FL 33870 SEBRING FL 33870

974724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business A
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State City & State

4. FEI Number **05-1158725** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, GARY
100 S. ASHLEY DRIVE
TAMPA FL 33602

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Gary Walker

8/5/02

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

FILE NOW!!! FEE IS \$50.00
~~Make Check Payable to Department of State~~
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	CEO Michael Barr 9721 Ormsby Station Rd, Ste 101 Louisville, Ky 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	CFO and Secretary Norman Pfoadt 9721 Ormsby Station Rd, Ste 101 Louisville, Ky 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	COO Frank Anastasio 9721 Ormsby Station Rd, Ste 101 Louisville, Ky 40223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **SIGNATURE REQUIRED**

8/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)