

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000226

**FILED**  
**Apr 05, 2004**  
**Secretary of State**

**Entity Name:** MAJEKA INVESTMENTS, LLC

**Current Principal Place of Business:**

7469 W. LAKE MEAD BLVD., SUITE 200  
LAS VEGAS, NV 89128 US

**New Principal Place of Business:**

**Current Mailing Address:**

7469 W. LAKE MEAD BLVD., SUITE 200  
LAS VEGAS, NV 89128 US

**New Mailing Address:**

142 LOST BRIDGE DRIVE  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 91-2095126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALPERN, MARCIA  
142 LOST BRIDGE DR.  
PALM BEACH GARDEN, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HALPERN, MARCIA  
Address: 142 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HALPERN, MARCIA  
Address: 142 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARCIA HALPERN

MGRM

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date