

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90276 010 \*\*\*\*50.00

**DOCUMENT # L00000005439**

1. Entity Name  
**MAJESTIC WEST, LLC**



Principal Place of Business  
**5811 PELICAN BAY BLVD., SUITE 208  
NAPLES, FL 34108**

Mailing Address  
**5811 PELICAN BAY BLVD., SUITE 208  
NAPLES, FL 34108**

2. Principal Place of Business  
**5679 Naples Blvd**

3. Mailing Address  
**5679 Naples Blvd**



03032004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

City & State  
**Naples, FL**

Zip  
**34109**

Country

4. FEI Number  
**59-3642350**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PASSIDOMO, JOHN M  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, STEPHEN D		NAME	Coleman, Stephen D	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208		STREET ADDRESS	5679 Naples Blvd	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34109	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JEFFREY A		NAME	Coleman, Jeffrey A	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208		STREET ADDRESS	5679 Naples Blvd	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34109	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARK L		NAME	Coleman, Mark L	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208		STREET ADDRESS	5679 Naples Blvd	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** Stephen D Coleman **3/15/04** **239-566-2719**

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