

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90276 008 \*\*\*\*50.00

**DOCUMENT # L00000011163**



1. Entity Name  
**MAJESTIC-BANYAN, 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**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State  
**Naples, FL**

03032004 Chg-LLC CR2E083 (10/03)

Zip  
**34109**

Country

Zip  
**34109**

Country

4. FEI Number  
**59-3678967**

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

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 May 1, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COLEMAN, STEPHEN D  
5811 PELICAN BAY BLVD., SUITE 208  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COLEMAN, MARK L  
5811 PELICAN BAY BLVD., SUITE 208  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgrm  
Coleman, Stephen D  
5679 Naples Blvd  
Naples, FL 34109** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgrm  
Coleman, Mark L  
5679 Naples Blvd  
Naples, FL 34109** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Stephen D Coleman*

Date

*3/18/04*

Daytime Phone #

*239-566-2719*