

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90080 008 \*\*\*\*50.00

DOCUMENT # L01000007189

1. Entity Name

MAJIC PROPERTIES, LC



Principal Place of Business

1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207

2. Principal Place of Business

370 15th Street South

Suite, Apt. #, etc.

3. Mailing Address

370 15th Street South

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

Country

32250

USA

Zip

Country

32250

USA

4. FEI Number 59-3718949

Applied For

Not Applicable

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

PEEK, EUGENE G III

1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207

Name

Michael A. Johnston

Street Address (P.O. Box Number is Not Acceptable)

370 15th Street South

City

Jacksonville Beach

FL

Zip Code  
32250

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.

Michael A. Johnston

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME PEEK, EUGENE G III  
STREET ADDRESS 1301 RIVERPLACE BOULEVARD, SUITE 1609  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE MGR ☐ Change ☒ Addition  
NAME Michael A. Johnston  
STREET ADDRESS 370 15th Street South  
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

Michael A. Johnston Manager

SIGNATURE:

**SIGNATURE REQUIRED**

904-435-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)