

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 026 ****50.00

DOCUMENT # L01000016891

1. Entity Name
MAJESTIC SUN, L.L.C.



Principal Place of Business
**2188 BAY GROVE ROAD, S.
FREEPORT, FL 32439**

Mailing Address
**P.O. BOX 1043
FREEPORT, FL 32439**

24029425



02102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3749290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAIRIE, HARRY A III
2188 BAY GROVE RD S
FREEPORT, FL 32439**

7. Name and Address of New Registered Agent

Name **Dana C. Matthews, Esq**
Street Address (P.O. Box Number is Not Acceptable) **Matthews & Hawkins, P.A.**
4475 Legendary Drive
City **Destin** **FL** Zip Code **32541**

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

3/24/04

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LAIRD, HARRY A III**
STREET ADDRESS **2188 BAY GROVE RD S**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **MGR** ☐ Delete
NAME **JONES, C WAYNE**
STREET ADDRESS **184 TWELVE OAKS LN**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **MGR** ☐ Delete
NAME **SMITH, WILLIAM H**
STREET ADDRESS **4039 E CO HWY 30-A**
CITY-ST-ZIP **SEAGROVE BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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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:

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

3/24/04

Date

Daytime Phone #