

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90276 009 \*\*\*\*50.00

**DOCUMENT # L02000006742**

1. Entity Name  
**MAJESTIC WEST-BUNCHE BEACH, LLC**



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

Mailing Address  
**5811 PELICAN BAY BLVD., STE. 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**

Zip  
**34109**

Country

Zip  
**34109**

Country

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**30-0049142**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BARNETT, LISA  
821 5TH AVE. SOUTH, STE. 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 **P** ☐ Delete  
NAME **COLEMAN, STEPHEN D**  
STREET ADDRESS **5811 PELICAN BAY BLVD. SUITE 208**  
CITY-ST-ZIP **NAPLES, FL 34108**

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

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

*Stephen D Coleman*

*3/15/04*

Date

*239-566-2717*

Daytime Phone #