# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 05, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L03000001318

1. Entity Name
MAJELIS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 904 W WATERS AVE SUITE D<br>TAMPA, FL 33604 | PO BOX 485<br>SEFFNER, FL 33583 |

01102006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
57-1161510

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, ROBERT W
904 W WATERS AVE, SUITE D
TAMPA, FL 33604

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | D |
| NAME | MONTEIRO, LIANNE |
| STREET ADDRESS | 4708 W IDAHO |
| CITY-ST-ZIP | TAMPA, FL 33616 |
| TITLE | D |
| NAME | RICHARDS, EDITH J |
| STREET ADDRESS | 106 LAKE DR |
| CITY-ST-ZIP | WASHINGTON, NC 27889 |
| TITLE | MGRM |
| NAME | DAVIS, ME |
| STREET ADDRESS | PO BOX 6885 |
| CITY-ST-ZIP | SEFFNER, FL 33583 |
| TITLE | D |
| NAME | ACKERT, SUE |
| STREET ADDRESS | 9330 TRIANA TERR #1 |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000004493011
04/19/06-80087-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** ME Davis MGRM ME Davis MGRM 4/3/06 813-655-9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #