


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001320 1. Entity Name MAJELIS M, LLC	
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Principal Place of Business 904 W WATERS AVE SUITE D TAMPA, FL 33604	Mailing Address PO BOX 485 SEFFNER, FL 33583
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1148440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJELIS LLC PO BOX 485 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, M E P.O. BOX 6885 SEFFNER, FL 33583
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04/03/07-80008-006 50.00

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: *M.E. Davis* *MGRM* *3/23/07* *813-655-9203*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #