2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001322

1. Entity Name
MAJELIS R, LLC

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

DO NOT WRITE IN THIS SPACE

03222007No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
65-1174024		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

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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

U00000679165
04/03/07-80028-006 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	D	
NAME	MAJELIS, LLC	
STREET ADDRESS	PO BOX 485	
CITY-ST-ZIP	SEFFNER, FL 33583	
TITLE	MGRM	
NAME	DAVIS, M.E.	
STREET ADDRESS	PO BOX 6885	
CITY-ST-ZIP	SEFFNER, FL 33583	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _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 #