


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 001 ****50.00

DOCUMENT # L03000004144 1. Entity Name MAJESTIC MORTGAGE, LLC	
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Principal Place of Business 5550 GLADES ROAD 413 BOCA RATON, FL 33431	Mailing Address 5550 GLADES ROAD 413 BOCA RATON, FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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20015200



03082006	Chg-LLC	CR2E083 (11/05)	
4. FEI Number 81-0594538		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 FLICKER, MARK I 4075 BRIARCLIFF CIRCLE BOCA RATON, FL 33349-6	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGRM FLICKER, MARK I 4075 BRIARCLIFF CIRCLE BOCA RATON, FL 33496</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGRM FLICKER, MARK I 4075 BRIARCLIFF CIRCLE BOCA RATON, FL 33496	<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES			
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____