

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015873

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** MAJS ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

5950 HAZELTINE NATIONAL DRIVE  
SUITE 515  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

5950 HAZELTINE NATIONAL DRIVE  
SUITE 515  
ORLANDO, FL 32822 US

**New Mailing Address:**

**FEI Number:** 16-1665026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 N. MILLS AVE.  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STANCHINA, MARY L  
Address: 9655 BLANDFORD ROAD  
City-St-Zip: ORLANDO, FL 32827

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY LYNN STANCHINA      MGR      04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date