2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM DQCUMENT # L03000051984 **Secretary of State** 1. Egitty Name STEVE MAJOR SR, LLC Principal Place of Business \_ Mailing Address 5005 47TH STREET SARASOTA FL 34235 5005 47TH STREET SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number City & State Applied For 20-0511093 Not Applicable Country Cauntry \$5,00 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYLER, CATHY Street Address (P.O. Box Number is Not Acceptable) 5005 47TH STREET SARASOTA FL 34235 City Zip Code 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. 1 em familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MRG ☐ Delete 737 LE □ A···· NAME MAJOR, STEVE SR MAME *1100000*84471**08** STREET ADDRESS 15005 47TH STREET STREET ADDRESS 03/08/06 30040-017 50.00 CRTY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP TIME Delete Change DITE □ Actr: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □ A∴ NAME NAME STREET AUDRESS STREET AUDRESS CITY-ST-IN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Air NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change □ A<sup>2</sup> NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 508, Florida Statutes.

SIGNATURE: STEVEN MAJOR SP. 2/23/66 356-7617