


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052348 1. Entity Name MAJICK PROPERTIES, LLC	
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Principal Place of Business 6947 LAND O'LAKES BLVD LAND O'LAKES, FL 34639 US	Mailing Address 6947 LAND O'LAKES BLVD LAND O'LAKES, FL 34639 US
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01202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0472167	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JACKSON, JAMES E 6947 LAND O'LAKES BLVD LAND O'LAKES, FL 34639

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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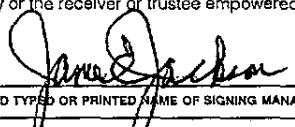
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, JAMES E 6947 LAND O'LAKES BLVD LAND O'LAKES, FL 34639
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01/29/05-80049-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	1/25/05 (813) 995-2302
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>