

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 02, 2005 8:00 am
Secretary of State

05-16-2005 90040 039 ****50.00

DOCUMENT # L04000023420 1. Entity Name MAJESTY'S COURT MOTEL, LLC					
Principal Place of Business 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0540833	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALDRIDGE, ROBERT G 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENWOOD, TED A 1838 S. MAIN STREET DAYTON, OH 45409	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALDRIDGE, ROBERT G 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALDRIDGE, BABETTE J 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENWOOD, GINA L 1838 SOUTH MAIN STREET DAYTON, OH 45409	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITSON, GLEN 1910 NORTH SECOND STREET VINCENNES, IN 47591	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITSON, MARY 1910 NORTH ATLANTIC AVENUE VINCENNES, IN 47591	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
SIGNATURE: <u>Ted A. Greenwood</u> 002 MEMBER 3/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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03232005 Chg-LLC CR2E083 (10/03)

FL

Zip Code

937-728-4884