

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90021 011 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 815 OCEAN SHORE BLVD		3. Mailing Address 1838 S. MAIN ST	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc.	
City & State DAYTONA BEACH, FL		City & State DAYTON, OH	
Zip 32176		Zip 45409	
Country VOLUSIA		Country MONTGOMERY	
6. Name and Address of Current Registered Agent BALDRIDGE, ROBERT G 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 815 OCEAN SHORE BLVD #3 City DAYTONA BEACH FL Zip Code 32176	
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	
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDRIDGE, ROBERT G 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 OCEAN SHORE BLVD #3 DAYTONA BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDRIDGE, BABETTE J 999 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 OCEAN SHORE BLVD #3 DAYTONA BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENWOOD, GINA L 1838 SOUTH MAIN STREET DAYTON, OH 45409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITSON, GLEN 1910 NORTH SECOND STREET VINCENNES, IN 47591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITSON, MARY 1910 NORTH ATLANTIC AVENUE VINCENNES, IN 47591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: TED A. GREENWOOD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date 2-20-06 Daytime Phone # 972-228-4884			

20015966



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4. FEI Number
03-0540833 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required