


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 024 ****50.00

DOCUMENT # L04000023420	
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1. Entity Name
MAJESTY'S COURT MOTEL, LLC

Principal Place of Business
**815 OCEAN SHORE BLVD
SUITE 3
ORMOND BEACH, FL 32176**

Mailing Address
**1838 S. MAIN ST
DAYTON, OH 45409**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01042007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0540833

Applied For

Not Applicable

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
815 OCEAN SHORE BLVD
SUITE 3
ORMOND BEACH, FL 32176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **GREENWOOD, TED A**
STREET ADDRESS **1838 S. MAIN STREET**
CITY-ST-ZIP **DAYTON, OH 45409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BALDRIDGE, ROBERT G**
STREET ADDRESS **815 OCEAN SHORE BLVD., #3**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BALDRIDGE, BABETTE J**
STREET ADDRESS **815 OCEAN SHORE BLVD., #3**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GREENWOOD, GINA L**
STREET ADDRESS **1838 SOUTH MAIN STREET**
CITY-ST-ZIP **DAYTON, OH 45409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP


TITLE **MGRM** ☒ Delete
NAME **WHITSON, GLEN**
STREET ADDRESS **1910 NORTH SECOND STREET**
CITY-ST-ZIP **VINCENNES, IN 47591**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **WHITSON, MARY**
STREET ADDRESS **1910 NORTH ATLANTIC AVENUE**
CITY-ST-ZIP **VINCENNES, IN 47591**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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** 1/13/07 937 228-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #