


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90003 007 ****50.00

DOCUMENT # L04000030293		
1. Entity Name MAJ DEVELOPMENT, LLC		

Principal Place of Business 23970 SUNCOAST BLVD. PORT CHARLOTTE, FL 33980	Mailing Address 23970 SUNCOAST BLVD. PORT CHARLOTTE, FL 33980
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country USA	Zip Country

20001611



06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1132219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FILEMAN, GARY T 1107 W. MARION AVENUE SUITE 112 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT James S. Amontree, MD 23970 Suncoast BLVD Port Charlotte FL 33980	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Moideen Moopen, MD 23970 Suncoast BLVD Port Charlotte FL 33980	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Sori Joseph, MD 23970 Suncoast BLVD Port Charlotte FL 33980	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sori Joseph, MD 6/30/05 941 625 3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #