2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L04000030293

Entity Name: MAJ DEVELOPMENT, LLC

Current Principal Place of Business:

23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

23970 SUNCOAST BLVD
PORT CHARLOTTE, FL 33980

Current Mailing Address:

23970 SUNCOAST BLVD.
PORT CHARLOTTE, FL 33980

New Mailing Address:

23970 SUNCOAST BLVD
PORT CHARLOTTE, FL 33980

FEI Number: 20-1132219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILEMAN, GARY T
1107 W. MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: AMONTREE, MD, JAMES S.
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: MOOPEN, MOIDEN MD
Address: 2397 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: JOSEPH, MD, SOVI
Address: 23970 SUNCOAST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES S. AMONTREE, M.D. MANG 01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date