2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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TED MAKE OF SICKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 03, 2005 8:00 am Secretary of State **DOCUMENT # L04000059613** 1. Entity Name MAJC, L.L.C. 03-03-2005 90027 001 ****55.00 Principal Place of Business Mailing Address 13006 BELL CREEK CHASE 13006 BELL CREEK CHASE **LUULOUUU** RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #. etc. 01042005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Zixo Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GASSMAN, ALAN S. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 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) 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 MGR 3, 3 TILE Change Addition MLE ☐ Delete KALIK, CRAIG NAME MALE 13006 Bellcreek Chase STREET ADDRESS STREET ADDRESS Riverview FL 33569 CITY-ST-ZIP CITY_ST_7/P ☐ Change Addition ☐ Delete TITLE MLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-782 ☐ Delete ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-78 ☐ Addition ☐ Change ☐ Detete TITLE TINE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Addition TITLE TITLE Channe . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CFTY-ST-ZIP 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 608, Florida Statutes.

2/28/05

813-681-6537

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