


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90046 041 ****50.00

DOCUMENT # L04000091790 1. Entity Name MAJCK, LLC	
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Principal Place of Business 6649 CR 150 WILDWOOD, FL 34785	Mailing Address 6649 CR 150 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



04132006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3142336	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

VAN RIDER, JEFFREY F
 6649 CR 150
 WILDWOOD, FL 34785

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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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN RIDER, JEFFREY F 6649 CR 150 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN RIDER, MARY LEA 6649 CR 150 WILDWOOD, FL 34785
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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:  **4-13-06 352-748-0495**

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