

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033954

FILED
May 01, 2006
Secretary of State

Entity Name: MAJRPLAS, LLC

Current Principal Place of Business:

430 HARRISON AVE
PANAMA CITY BEACH, FL

New Principal Place of Business:

430 HARRISON AVE
PANAMA CITY, FL 32401

Current Mailing Address:

430 HARRISON AVE
PANAMA CITY BEACH, FL

New Mailing Address:

430 HARRISON AVE
PANAMA CITY, FL 32401

FEI Number: 20-2713454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDLIN, JENNIFER
4425 MISTY LANE
LYNN HAVEN, FL 32444 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: MGR () Delete
Name: SANDLIN, JENNIFER
Address: 4425 MISTY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR () Delete
Name: SANDLIN, RYAN
Address: 4425 MISTY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: LONG, MARK
Address: 110 TWIN LAKES DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: MGRM () Delete
Name: LONG, SUE
Address: 110 TWIN LAKES DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: MGRM () Delete
Name: CRAWSON, PAN
Address: 4200 LINGO ROAD
City-St-Zip: DOTHAN, AL 36301

Title: MGRM () Delete
Name: FULLER, TONY
Address: 9284 COLLINWOOD DRIVE
City-St-Zip: MIDLAND, GA 31820

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:

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

Title: MGRM (X) Change () Addition
Name: FULLER, ANDY
Address: 113 SAWGRASS DR
City-St-Zip: DOTHAN, AL 36303

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER F. SANDLIN

MGR

05/01/2006

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