
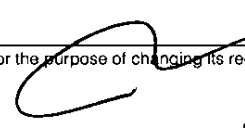
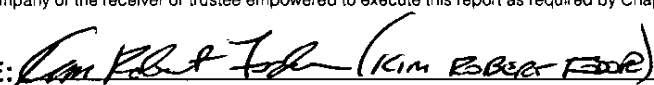


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90233 037 ***138.75

DOCUMENT # L05000054605					
1. Entity Name KC 1604 MAJESTIC 2, LLC					
Principal Place of Business 926 PINE TREE ROAD WEST LAKE ORION, MI 48362		Mailing Address 926 PINE TREE ROAD WEST LAKE ORION, MI 48362			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-2992480 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			7. Name and Address of New Registered Agent		
ROMANOFF, BURTON M ESQ. 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236			Name JOHNSON S. SAVARY, JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET, STE. 700 City SARASOTA FL Zip Code 34236		
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		 Johnson S. Savary, Jr.		3/21/08 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				Make check payable to Florida Department of State	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FODOR, KIM R		NAME		
STREET ADDRESS	926 PINE TREE ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE ORION, MI 48362		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FODOR, CHRISTINE R		NAME		
STREET ADDRESS	926 PINE TREE ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE ORION, MI 48362		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: 3/21/08		Daytime Phone #: (313) 215-8922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					