

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000087903**

1. Entity Name  
**MAJESTIC FIVE, LLC**



Principal Place of Business  
**2217 CHASEFIELD DRIVE  
PLANO, TX 75023**

Mailing Address  
**2217 CHASEFIELD DRIVE  
PLANO, TX 75023**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3431031**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROWAN, DENISE H ESQ.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOONEY, DONNA  
2217 CHASEFIELD DRIVE  
PLANO, TX 75023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOONEY, JOHN M  
2217 CHASEFIELD DRIVE  
PLANO, TX 75023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HERLACHER, MARGARET  
1305 FLANDERS LANE  
MARYVILLE, TN 37803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WARD, LORI  
9732 WINDBURN  
PLANO, TX 75025**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WARD, MICHAEL  
9732 WINDBURN  
PLANO, TX 75025**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000857364  
03/14/07-80062-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *John M Mooney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/20/07 972-844-3539*