

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90452 021 \*\*\*\*50.00

<b>DOCUMENT # L06000022053</b>					
<b>1. Entity Name</b> MAJESTIC VENTURES, LLC					
<b>Principal Place of Business</b> 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			<b>Mailing Address</b> 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		
<b>2. Principal Place of Business - No P.O. Box #</b> 7131 Curtiss Ave Suite, Apt. #, etc. Unit # 2		<b>3. Mailing Address</b> 9765 Overlook Ridge Ave Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Las Vegas, NV Zip: 89148		05162007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-4412692				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SWANEY, NATALIE 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 7131 Curtiss Ave Unit # 2 City Sarasota    FL    Zip Code 34231		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>				<b>Make check payable to:</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> SCIGLIANO, CARMELINA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 11730 N. 91ST LANE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85260					
<b>TITLE</b> NAME					
<b>STREET ADDRESS</b> CITY-ST-ZIP					
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<b>TITLE</b> NAME					
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					