2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 21, 2005 08:00 AM **DOCUMENT # M04000003954 Secretary of State** 1. Entity Name MAJOREALTY, LLC Principal Place of Business Mailing Address **80 VERDI STREET 80 VERDI STREET** FARMINGDALE, NY 11735 FARMINGDALE, NY 11735 01052065 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 41-2093092 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE . 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, 2005 MANAGING MEMBERS/MANAGERS 9. TILE MGR MAJOR, PAUL NAME STREET ADDRESS 80 VERDI STREET 0000000238779 02/22/05-80014-009 50.00 CATY-ST-ZIP FARMINGDALE, NY 11735 MILE MAJOR, EDWARD NAME STREET ADDRESS 80 VERDI STREET FARMINGDALE, NY 11735 CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CTTY-ST-ZIP TIME NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature entil 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 peport as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-77

SIGNATURE AND TYPED OR PRIN

2-16-05

Daytime Phone #