

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90016 042 ****50.00

DOCUMENT # L02000001139
 1. Entity Name
 MAXIMILLIAN MARKETING LLC



Principal Place of Business 14001 63RD WAY N CLEARWATER, FL 33760	Mailing Address 14001 63RD WAY N CLEARWATER, FL 33760
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01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0026616	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCGINTY, A. EDWARD
 BANK OF AMERICA
 101 E. KENNEDY BLVD., STE. 2800
 TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROIX, SCOTT G 14001 63RD WAY N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POITRAS, ROBERT 14001 63RD WAY N CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 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: Robert Poitras 1/12/04 727-533-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #