


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000001139 1. Entity Name MAXIMILLIAN MARKETING LLC	
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Principal Place of Business 14001 63RD WAY N CLEARWATER, FL 33760	Mailing Address 14001 63RD WAY N CLEARWATER, FL 33760
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**DO NOT WRITE IN THIS SPACE**



01252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0026616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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

**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 \_\_\_\_\_ (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, 2005**

**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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L10G000206384  
02/01/05-80025-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/20/05 727-533-8730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #