


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

01-30-2004 90004 008 ****50.00

DOCUMENT # L03000018861

1. Entity Name
MULTIMAX SYSTEMS, LLC



Principal Place of Business
**3038 WOODPINE LANE
 SARASOTA, FL 32431**

Mailing Address
**PO BOX 20733
 SARASOTA, FL 32476-3733**

34000350



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**P.O. Box 19797
 Sarasota, Florida
 34276-2797** U.S.

01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0833135

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**QUICKER, MICHAEL J
 240 N. WASHINGTON BLVD STE. 325
 SARASOTA, FL 34238**

7. Name and Address of New Registered Agent
 Name **Quicker, Michael J.**
 Street Address **7061 S. Tamiami Trail**
Suite 106
 City **Sarasota, FL 34231**

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 *Michael J. Quicker* DATE **1/27/2004**
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when relinquishing)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOWELS, ROBERT M 3038 WOODPINE LANE SARASOTA, FL 32431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **1-26-2004** DAYTIME PHONE #: **(941) 924-9516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



Attachment
34000350

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 2, 2004

MULTIMAX SYSTEMS, LLC
PO BOX 19797
SARASOTA, FL 34276-2797

Subject: **MULTIMAX SYSTEMS, LLC**

Reference Number: **L03000018861**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION