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Aug 24, 2005 8:00 am
Secretary of State
08-03-2005 90021 016 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056149

1. Entity Name
REALTY MAX MAITLAND, LLC

30010840

Principal Place of Business	Mailing Address
3749 ALDERGATE PLACE CASSELBERRY, FL 32707	3749 ALDERGATE PLACE CASSELBERRY, FL 32707

07282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
531 N. Wymore Rd	631 N. Wymore Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland	City & State: Maitland
Zip: FL Country: 32751	Zip: FL Country: 32751

4. FEI Number: 11-3723924 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAMER, MATTHEW 3749 ALDERGATE PLACE CASSELBERRY, FL 32707	Name: Street Address (P.O. Box Number is Not Acceptable): 631 N. Wymore Rd. City: Maitland FL Zip Code: 32751

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: [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 September 7, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HENTHORN, JOHN 3749 ALDERGATE PLACE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	631 N. Wymore Rd Maitland FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STAMER, MATTHEW 3749 ALDERGATE PLACE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	631 N. Wymore Rd Maitland FL 32751	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 7/28/05 407-539-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #