


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90017 035 ***138.75

DOCUMENT # L07000041598	
1. Entity Name VERDE MAXIMUS, LLC	

Principal Place of Business 14221 ROOF STREET FORT MYERS, FL 33905	Mailing Address 14221 ROOF STREET FORT MYERS, FL 33905
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01142008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUGHES, BRYAN T 14221 ROOF STREET FORT MYERS, FL 33905		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, BRYAN T			NAME			
STREET ADDRESS	14221 ROOF STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33905			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, JOAN M			NAME			
STREET ADDRESS	14221 ROOF STREET			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33905			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joan M. Hughes 1-14-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #