

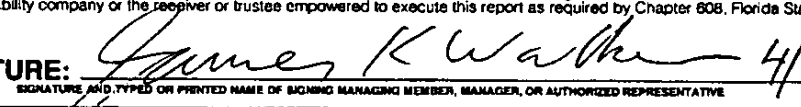


FILED  
Jun 01, 2005 8:00 am  
Secretary of State

06-01-2005 90102 004 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L01000013792</b>					
1. Entity Name <b>MAXXVISION, LLC</b>					
Principal Place of Business <b>3014 NE 21ST WAY GAINESVILLE, FL 32809</b>		Mailing Address <b>3014 NE 21ST WAY GAINESVILLE, FL 32809</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>71-0875648</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02162005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TUCHMAN, STEPHAN A 3014 NE 21ST WAY GAINESVILLE, FL 32809</b>				Name <b>Fred Derwitsch</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>2800 Aurora Rd, Suite E</b>	
				City <b>Melbourne</b> FL <b>32935</b>	
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  <b>James K Walker, President</b> DATE <b>4/28/05</b>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUCHMAN, STEPHAN A <input checked="" type="checkbox"/> Delete 3014 NE 21ST WAY GAINESVILLE, FL 32809				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, JAMES K <input type="checkbox"/> Delete 3014 NE 21ST WAY GAINESVILLE, FL 32809				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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:  <b>James K Walker</b> DATE <b>4/22/05</b>					