2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118151

Entity Name: MAUS FAMILY, L.L.C.

200 ARGYLE ROAD

WEST PALM BEACH, FL 33405

Address:

City-St-Zip:

FILED May 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 800 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 800 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301 FEI Number: 20-8106075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAUS, THOMAS B 2000 S. OCEAN LANE. #502 FORT LAUDERDALE, FL 33316 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MAUS, WILLIAM H JR Name: Name: Address: 13 HENDRICKS ISLE Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MAUS, THOMAS B Name: Address: 2000 SOUTH OCEAN LANE, #502 Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAUS HEARNE, JANE Name: Name: 555 14TH AVENUE SOUTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MAUS NORCROSS, JULIA Name: 4850 LONGFIELD FARM TRAIL Address: Address: City-St-Zip: BOYNE CITY, MI 49712 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAUS, JOHN G Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: JOHN G. MAUS MGRM 05/21/2009