2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L00000005402

Entity Name: LIQUID MAXX, L.L.C.

Current Principal Place of Business:

18104 PHLOX DR.
FT MYERS, FL 33912

New Principal Place of Business:

8720 ALICO RD.
SUITE #7
FT MYERS, FL 33912

Current Mailing Address:

18104 PHLOX DR.
FT MYERS, FL 33912

New Mailing Address:

8720 ALICO RD.
SUITE #7
FT MYERS, FL 33912

FEI Number: 65-1008141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAVELOUX, LORA L
18104 PHLOX DR.
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete
Name: CLAVELOUX, LORA L
Address: 18104 PHLOX DR
City-St-Zip: FT MYERS, FL 33912

Title: MGR ( ) Delete
Name: CLAVELOUX, JOHN K
Address: 18104 PHLOX DR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LORA L. CLAVELOUX R/A 04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date