


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012335</b> 1. Entity Name <b>CHINA MAX OF QUINTARD, LLC</b>	
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Principal Place of Business <b>3421 N. LAKEVIEW DRIVE TAMPA, FL 33618</b>	Mailing Address <b>3421 N. LAKEVIEW DRIVE TAMPA, FL 33618</b>
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**DO NOT WRITE IN THIS SPACE**



04162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3674348</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>SABAS, BOBBY 3421 N. LAKEVIEW DRIVE TAMPA, FL 33618</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM SABAS VENTURES LLC 3421 N LAKEVIEW DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM VINOY 1936 MANAGEMENT LLC 3421 N LAKEVIEW DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM ZHI, ZHANG 1716 HILLYER ROBINSON PKWY APT 169 OXFORD, AL 36203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000918485  
05/13/08-80084-008 138.75

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/17/08</b> <small>Date</small>	<small>Daytime Phone #</small>
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