

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015625

Entity Name: MAXIM HOMES, L.L.C.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

2332 BAGDAD AVENUE
ORLANDO, FL 32833

New Principal Place of Business:

2109 BREWSTER COURT
ORLANDO, FL 32833

Current Mailing Address:

2332 BAGDAD AVENUE
ORLANDO, FL 32833

New Mailing Address:

2109 BREWSTER COURT
ORLANDO, FL 32833

FEI Number: 58-2592917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMMONS, CHERYL
2332 BAGDAD AVE.
ORLANDO, FL 32833 US

Name and Address of New Registered Agent:

EMMONS, CHERYL
C/O 2109 BREWSTER COURT
ORLANDO, FL 32833 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:

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EMMONS, GORDON J
Address: 2643 BABBITT AVE
City-St-Zip: ORLANDO, FL 32833

Title: MGR () Delete
Name: EMMONS, CHERYL
Address: 2643 BABBITT AVENUE
City-St-Zip: ORLANDO, FL 32833

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EMMONS, GORDON J
Address: 2109 BREWSTER COURT
City-St-Zip: ORLANDO, FL 32833

Title: MGR (X) Change () Addition
Name: EMMONS, CHERYL
Address: 2109 BREWSTER COURT
City-St-Zip: ORLANDO, FL 32833

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.

SIGNATURE: CHERYL EMMONS

MGR

03/09/2009

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