


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004616		
1. Entity Name ALACHUA MAX PROPERTIES, L.L.C.		
Principal Place of Business 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	SOULIAGUINE, EVGUENI	
STREET ADDRESS	3469 N.E. 169TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	MGRM	
NAME	SOKROVICTCHOUK, RODION	
STREET ADDRESS	3469 NE 169 STR	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>ECG</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1092531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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U00000003008
01/13/04-80037-024 50.00

**DO NOT WRITE
IN THIS SPACE**

1/7/04 (305) 725-9594

Date Daytime Phone #