


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004616 1. Entity Name ALACHUA MAX PROPERTIES, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOKROVICH TCHOUK, RODION 3469 NE 169 STR MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000582958 01/11/07-80053-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

SIGNATURE:  **1/08/07 305-725-9594**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #