


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90156 042 ****50.00

DOCUMENT # L01000007403 1. Entity Name MAXAMILLION MORTGAGE, LLC					
Principal Place of Business 180 POINCIANA BLVD STE 4 DESTIN, FL 32550			Mailing Address 180 POINCIANA BLVD STE 4 DESTIN, FL 32550		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0592884	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MASTERS, PAMELA R 648 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTHORN, STEWART D PRES 180 POINCIANA BLVD DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTHORN, STEWART D PRES 1457 BAYTOWNE AVE E DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTHORN, STEWART D 5676 HWY 2 WEST DEERFIELD SPRINGS, FL 32733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTHORN, DONALD L 180 POINCIANA BLVD DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCOTHORN, DONALD L. 1457 BAYTOWNE AVE EAST DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANTON, GLYNDA G VP 180 POINCIANA BLVD DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANUCKER, THOMAS 180 POINCIANA BLVD DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RANUCKER, THOMAS 180 POINCIANA BLVD STE 4 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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>Donald L. Scothorn</u> DONALD L SCOTHORN 1/26/05 850-837-2337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					