

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009461

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: MAXIBELL L.L.C.

**Current Principal Place of Business:**

9250 S.W. 69TH STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9250 S.W. 69TH STREET  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-1116949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BABUN, SARA C  
9250 S.W. 69TH STREET  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BABUN, SARA C  
Address: 9250 S.W. 69TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: MUSTELIER-BABUN, SARA R  
Address: 9250 S.W. 69TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: GOMEZ, MARY BELL  
Address: 9250 SW 69 STREET  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARA C BABUN

MGR

01/13/2005

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