

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90159 014 ****50.00

20015218



02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3739639 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, ARTHUR F III
1682 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name Joel S. Piotrkowski, Esq.
Street Address (P.O. Box Number is Not Acceptable)
317 - 71st Street
City Miami Beach FL Zip Code 33141

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 JOEL PIOTRKOWSKI, ESQ. DATE 2/15/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ARTHUR F III	
STREET ADDRESS	1682 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	EVANS, HUGH M JR.	
STREET ADDRESS	1682 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JELUS, TIMOTHY C	
STREET ADDRESS	1682 W HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HEATHER GLEN MANAGEMENT CORP.	
STREET ADDRESS	5402 EMMA LOU DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MAP ENTERPRISES OF BREVARD, INC.	
STREET ADDRESS	2031 SIERRA STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	JMAX, LLC	
STREET ADDRESS	1682 W HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR LEVINE	
STREET ADDRESS	17751 S.E. 89th Milford Avenue	
CITY-ST-ZIP	Lady Lake, FL 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: ARTHUR LEVINE, Managing Member DATE 02/15/05 786-229-3224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ARTHUR LEVINE, Managing Member