

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015968

Entity Name: MAXXUM PROPERTIES LLC

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

33, LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

119, WINDSOR POINTE DR.
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

33, LAGUNA TERRACE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

119, WINDSOR POINTE DR.
PALM BEACH GARDENS, FL 33418

FEI Number: 65-1140081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMOTHE, FERNAND
1401 DEWEY STREET
HOLLYWOOD, FL 33020 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: MGR () Delete
Name: LEMAIRE, ARMAND
Address: 33, LAGUNA TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: LEMAIRE, DENISE
Address: 33, LAGUNA TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEMAIRE, ARMAND
Address: 119, WINDSOR POINTE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR (X) Change () Addition
Name: LEMAIRE, DENISE
Address: 119, WINDSOR POINTE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ARMAND LEMAIRE

MGR

03/14/2005

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