

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015968

Entity Name: MAXXUM PROPERTIES LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

108 LAKESHORE DR
340
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

111 COCONUT KET CT
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

108 LAKESHORE DR
340
NORTH PALM BEACH, FL 33408

New Mailing Address:

111 COCONUT KEY CT
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:

ALEXANDRE, DICKSON
2800 W. OAKLAND PARK BLVD.
101
FORT LAUDERDALE, FL 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/MANAGERS:

Title: MGR () Delete
Name: LEMAIRE, ARMAND
Address: 108 LAKESHORE DR.#340
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: LEMAIRE, DENISE
Address: 108 LAKESHORE DR.#340
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEMAIRE, ARMAND
Address: 111 COCONUT KEY CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR (X) Change () Addition
Name: LEMAIRE, DENISE
Address: 111 COCONUT KEY CT
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 Chapter 119, 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

01/15/2007

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