

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000458

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** MAX WAREHOUSING, L.L.C.

**Current Principal Place of Business:**

C/O MCELVANEY  
CARROWKEEL CASTLESHANE, COUNTY MONAGHAN  
IRELAND, XX

**New Principal Place of Business:**

C/O MCELVANEY  
CARROWKEEL CASTLESHANE, COUNTY MONAGHAN  
IRELAND, XX XX

**Current Mailing Address:**

C/O MCELVANEY  
CARROWKEEL CASTLESHANE, COUNTY MONAGHAN  
IRELAND, XX

**New Mailing Address:**

1007 EAST VINE ST.  
KISSIMMEE, FL 34744

**FEI Number:** 04-3587924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNEY, THERESA M  
10110 SAN JOSE BLVD.  
C/O FORD, JETER, BOWLUS, DUSS, MORGAN  
JACKSONVILLE, FL 32257 US

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

WALTERS, WINSTON W  
1007 EAST VINE ST  
KISSIMMEE, FL 34744 US

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: WINSTON W WALTERS

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLARNEY TOWERS OF JA, CKSONVILLE, IN C .  
Address: CARROWKEEL CASTLESHANE  
City-St-Zip: COUNTY MONAGHAN, 00 IRELAND 00

**ADDITIONS/CHANGES:**

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 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: SEAN MCELVANEY

PSD

04/30/2006

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