2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

| DOCUMENT # L0200001139 1. Entity Name MAXIMILLIAN MARKETING LLC | | | | | 01-17-2006 9 | 90060 045 ****50 | 0.00 | |
|---|---|--|--|---|---|---|--|--|
| Principal Place of Business Mailing Address | | | | | 2000 | เกิรริธิ | | |
| 14001 63RD WAY N CLEARWATER, FL 33760 | | 14001 63RD WAY N Clearwater, FL 33760 | | | 20000856 | | | |
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| 2. Principal Place of Business 11515 GLeサーSケール | | 3. Mailing Address //5/5 66th 5t. N | | | | | I I I I I I I I I I I I I I I I I I I | |
| Suite, Apt. | | Suite, Apt. #, etc. | | 01122006 | Chg-LLC | CR2E083 (11/05) | | |
| City & State | | City & State | | 4. FEI Numi | | | plied For | |
| Lorge Zip | Country | Largo FC | Country | 30-00 | | ¢= 00 | ot Applicable | |
| 33-27 | | 33-773 - | Pinellas- | | e of Status Desired | Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | |
| MCGINTY, A. EDWARD BANK OF AMERICA 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | |
| 77 11011 7 1, 1 1 | 2 00002 | | City | | | FL Zip Code | е | |
| | named entity submits this statement fo | r the purpose of changing its re | egistered office o | r registered agent, or b | oth, in the State of Flo | | and accept | |
| _ | ions of registered agent. | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: I | Registered Agent signat | ture required when reinstating) | | DATE | | |
| | | | | | | | | |
| Fi Di | iling Fee is \$50.00 ue by May 1, 2006 | | · | <u></u> | li . | e check payable to Department of State | 0 | |
| Fi Di | ue by May 1, 2006 MANAGING MEMBE | RS/MANAGERS | 10. | | li . | Department of State | | |
| Di | ue by May 1, 2006 | RS/MANAGERS | | MGR Rois Scott | ADDITIONS/ | Department of State | e Addition | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGR ROIX, SCOTT G 14001 63RD WAY N | | 10. TITLE NAME STREET ADDRESS | MGR Roix, Scott | ADDITIONS/ | CHANGES (Change | | |
| 9. TITLE NAME | MANAGING MEMBE MGR ROIX, SCOTT G | | 10. TITLE NAME | MGR Roix, Scott 11515 664 LArgo, F | ADDITIONS/ T.G. T.S.F. W. T.S.F. W. T.S.F. W. | CHANGES (Change | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBE MGR ROIX, SCOTT G 14001 63RD WAY N CLEARWATER, FL 33760 MGR POITRAS, ROBERT | □ Delete | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGR Roix, Scott 11515 664 LArgo, F | ADDITIONS/ T.G. T.S.F. W. T.S.F. W. T.S.F. W. | CHANGES Change | ☐ Addition | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBE MGR ROIX, SCOTT G 14001 63RD WAY N CLEARWATER, FL 33760 MGR | □ Delete | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGR Roix, Scott 11515 66th LARGO, F MGR Poitman R | ADDITIONS/ T.G. T.S.F. W. T.S.F. W. T.S.F. W. | CHANGES Change | ☐ Addition | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/12/06 727 573 · 8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #