
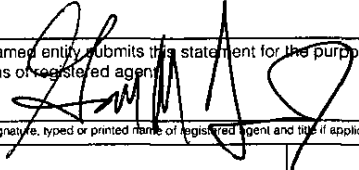
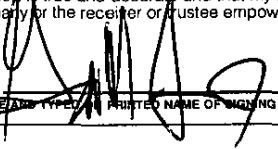


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 003 ****50.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # L02000013722 1. Entity Name MAXIM PROPERTIES OF FLORIDA, LLC | | | |  | |
| Principal Place of Business 1803 ATLANTIC BLVD JACKSONVILLE, FL 32207 | | | Mailing Address 1803 ATLANTIC BLVD JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 75-0480144 45-0480144 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MILLER, RANDELL 315 S. HYDE PARK AVENUE TAMPA, FL 33606 | | | 7. Name and Address of New Registered Agent Name GEORGE FORBES, JR. Street Address (P.O. Box Number is Not Acceptable) 1803 ATLANTIC BLVD. City JACKSONVILLE FL Zip Code 32207 | | |
| 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  DATE 1/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORBES, GEORGE 1112 RIVER OAKS ROAD JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORBES, CASEY 1112 RIVER OAKS ROAD JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORBES, CASEY 1112 RIVER OAKS ROAD JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FORBES, CASEY 1112 RIVER OAKS ROAD JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | | | |
| 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:  | | | GEORGE M. FORBES, JR. 1/8/04 (904) 425-4663 <small>SIGNATURE AND TYPE IN PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |

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