

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90275 030 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000013722

1. Entity Name
MAXIM PROPERTIES OF FLORIDA, LLC



Principal Place of Business
**1930 SAN MARCO BLVD
SUITE 208
JACKSONVILLE, FL 32207**

Mailing Address
**1930 SAN MARCO BLVD
SUITE 208
JACKSONVILLE, FL 32207**

30063016

2. Principal Place of Business
1803 ATLANTIC BLVD
Suite, Apt. #, etc.

3. Mailing Address
1803 ATLANTIC BLVD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL
Zip
32207
Country
FLORIDA

City & State
JACKSONVILLE, FL
Zip
32207
Country
FLORIDA

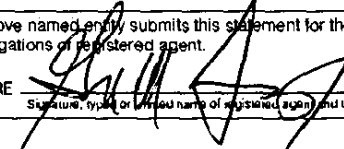
4. FEI Number
45-0480144
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Apr 29, 2003**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FORBES, GEORGE	
STREET ADDRESS	1112 RIVER OAKS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FORBES, CASEY	
STREET ADDRESS	1112 RIVER OAKS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 60B, Florida Statutes.

SIGNATURE:  DATE **Apr 29, 2003** (904) 425-4663
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)