


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 NOV 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000014580 1. Entity Name THE MAXWELL COMPANY, LLC.	
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Principal Place of Business C/O JOHN D VIENER 2474 PLAYERS COURT WELLINGTON, FL 33414	Mailing Address C/O JOHN D VIENER 2474 PLAYERS COURT WELLINGTON, FL 33414
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2. Principal Place of Business 6983 SE Harbor Circle Suite, Apt. #, etc.	3. Mailing Address 6983 SE Harbor Circle Suite, Apt. #, etc.
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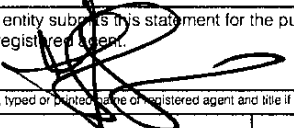
11012004 Chg-LLC CR2E083 (10/03)

City & State Stuart, FL Zip 34996	Country	City & State Stuart, FL Zip 34996	Country
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4. FEI Number 13-3087917	Applied For <input type="checkbox"/> Not Applicable
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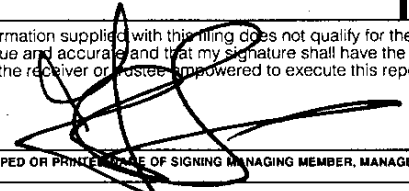
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VIENER, JOHN D 2474 PLAYERS COURT WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name: Viener, John D. Street Address (P.O. Box Number is Not Acceptable): 6983 SE Harbor Circle City: Stuart FL Zip Code: 34996
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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:  John D Viener Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 11/16/04
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Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIENER, JOHN D 2474 PLAYERS COURT WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John D Viener MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John D Viener 6983 SE Harbor Circle Stuart FL 34996 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 11/16/04 772-334-6200
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