

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018003**

1. Entity Name  
**MAYSEN PROPERTIES, L.L.C.**



Principal Place of Business  
**PO BOX 462  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**PO BOX 462  
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**55-0792849**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOSTRO, VICTOR S ESQUIRE  
1825 RIVERVIEW DRIVE  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MAY, LINDA J  
PO BOX 462  
CAPE CANAVERAL, FL 32920**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HERMANSEN, BJORNAR K  
245 HACIENDA DRIVE  
MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000683812  
04/06/07-80007-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/27/07* *321.453.3233*  
Date Daytime Phone #