

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019706

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: MAXWELL HOLDINGS GROUP, L.L.C.

**Current Principal Place of Business:**

6184 COCOS DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

6184 COCOS DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 13-4214405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIGNE, ROBERT A  
6184 COCOS DRIVE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: VIGNE, ROBERT  
Address: 6184 COCOS DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: ST ( ) Delete  
Name: VIGNE, DAVID J  
Address: 4209 NW 26TH ST  
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR ( ) Delete  
Name: VIGNE, RICHARD U  
Address: 1337 BRADFORD RD  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. VIGNE

PRES

03/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date