


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000019706</b> 1. Entity Name <b>MAXWELL HOLDINGS GROUP, L.L.C.</b>	
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Principal Place of Business <b>6184 COCOS DRIVE FORT MYERS, FL 33908</b>	Mailing Address <b>6184 COCOS DRIVE FORT MYERS, FL 33908</b>
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02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>13-4214405</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VIGNE, ROBERT A 6184 COCOS DRIVE FORT MYERS, FL 33908</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000833509  
02/28/08-80015-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIGNE, ROBERT 6184 COCOS DR. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VIGNE, DAVID J 24210 HENRY MORGAN BLVD PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIGNE, RICHARD U 1337 BRADFORD RD FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Robert A Vigne** **239-939-4313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #