


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000027975</b> 1. Entity Name WEALTH MAXIMIZATION STRATEGIES, L.L.C.	
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Principal Place of Business 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935	Mailing Address P.O. BOX 33937 INDIALANTIC, FL 32903
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JONES, RICHARD O 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935	<b>DO NOT WRITE IN THIS SPACE</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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, RICHARD O 1250 W. EAU GALLIE BLVD., STE. K MELBOURNE, FL 32935
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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**FILED**  
05 FEB 10 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 83-0340081	Applied For 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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