


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90048 013 ****50.00

DOCUMENT # L03000018749					
1. Entity Name MAXICO, LLC					
Principal Place of Business 7800 UNIVERSITY POINTE DR., SUITE 200 FORT MYERS, FL 33907			Mailing Address 7800 UNIVERSITY POINTE DR., SUITE 200 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0224518	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JURINSKI, KEVIN F 7800 UNIVERSITY POINTE DR., SUITE 200 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COOKE, MAXWELL D 7800 UNIVERSITY POINTE DR., SUITE 200 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COOKE, MAXWELL D. 38 PLYMOUTH AVENUE BOWBOROUGH ENGLAND BH62 6BN	<input checked="" 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 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: _____			MANAGING MEMBER MAXICO LLC		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>13/APRIL</u> Daytime Phone # _____		

2006

ATTACHMENT 40058014
#L030000018749

Maxico LLC

c/o 38 Plymyard Avenue
Bromborough
England
CH62 6BN

(t) 011 44 151 647 7744

(f) 011 44 151 666 1236

(em) maxicolle@aol.com

18. April 2006

Division of Corporations

Tallahassee FL

Sir,

Enclosed is my company's return

for 2005, & fee for \$50.00

Yours faithfully,

Max. Cooley