


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90100 044 \*\*\*\*50.00

<b>DOCUMENT # L03000018861</b> 1. Entity Name MULTIMAX SYSTEMS, LLC	
---	---

Principal Place of Business 3038 WOODPINE LANE SARASOTA, FL 32431	Mailing Address PO BOX 19797 SARASOTA, FL 32476-3733
---	--

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0833135	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  QUICKER, MICHAEL J 7061 S. TAMiami TRAIL SARASOTA, FL 34231	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 <i>Michael J. Quicker</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>20-JAN-2005</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOWELS, ROBERT M 3038 WOODPINE LANE SARASOTA, FL 32431
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>1-18-2005</i> <small>Date</small>	<small>Daytime Phone #</small>
---	---	--------------------------------