



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-17-2004 90045 004 ****50.00

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| DOCUMENT # L03000022732 | |  | |
| 1. Entity Name JUSTMAX PROPERTIES, LLC | | | |
| Principal Place of Business 7721 CHIPWOOD LANE JACKSONVILLE, FL 32256 | | Mailing Address 7721 CHIPWOOD LANE JACKSONVILLE, FL 32256 | |
| 2. Principal Place of Business | | 3. Mailing Address 1620 SOUND WATCH RD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State WILMINGTON NC | |
| Zip | Country | Zip 28409 | Country NEW HAMPSHIRE |
| 4. FEI Number 20-0065318 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent RUSHING, ROBERT K C/O FRAZIER & FRAZIER, ATTORNEYS AT LAW 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when re-registering) | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER ANDREW J. HALL 1620 SOUND WATCH DR. WILMINGTON N.C. 28409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER SANDRA L. HALL 1620 SOUND WATCH DR. WILMINGTON N.C. 28409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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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| 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:  | | Andrew J. Hall 910-796-1531 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date 8-13-04 | |

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