

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90203 027 \*\*\*\*50.00

<b>DOCUMENT # L03000040080</b>	
1. Entity Name <b>MAID MARION ENTERPRISES, LLC</b>	

Principal Place of Business <b>1925 QUAIL RIDGE COURT APT. 2603 COCOA, FL 32926 US</b>	Mailing Address <b>1925 QUAIL RIDGE COURT APT. 2603 COCOA, FL 32926 US</b>
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2. Principal Place of Business <b>5565 SCHEMCK AVE</b>	3. Mailing Address <b>5565 SCHEMCK AVE</b>
Suite, Apt. #, etc. <b>7</b>	Suite, Apt. #, etc. <b>7</b>

City & State <b>ROCKLEDGE FL</b>	City & State <b>ROCKLEDGE FL</b>
Zip <b>32955</b>	Country <b>USA</b>

01162005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0883249</b>	Applied For <input type="checkbox"/> 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

**GRIFFITHS, VICTOR J  
1925 QUAIL RIDGE COURT  
APT. 2603  
COCOA, FL 32926**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRIFFITHS, VICTOR J 1925 QUAIL RIDGE COURT #2603 COCOA, FL 32926</b> <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	<b>MGRM GRIFFITHS, MARION J 1925 QUAIL RIDGE COURT #2603 COCOA, FL 32926</b> <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:** *V. J. Griffiths* **1/27/05 321 242 8686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*2005-0513*

