

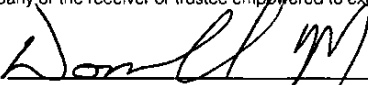


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 027 \*\*\*\*50.00

<b>DOCUMENT # L03000050962</b> 1. Entity Name DONALD NEWMAN MAYNARD, LLC					
Principal Place of Business 19A WRIGHT PKWY FT. WALTON BEACH, FL 32548 US				Mailing Address 19A WRIGHT PKWY FT. WALTON BEACH, FL 32548 US	
2. Principal Place of Business <b>11407 SE 54th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>11407 SE 54th Ave</b> Suite, Apt. #, etc.			
City & State <b>Belleview FL</b> Zip <b>34420</b> Country <b>Marion</b>		City & State <b>Belleview FL</b> Zip <b>34420</b> Country <b>Marion</b>		03162005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>90-0128615</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MAYNARD, DONALD N L9A WRIGHT PKWY FT. WALTON BEACH, FL 32548	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYNARD, DONALD N 19A WRIGHT PKWY FT. WALTON BEACH,, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYNARD, DONALD N 19A WRIGHT PKWY FT. WALTON BEACH,, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYNARD, DONALD N 19A WRIGHT PKWY FT. WALTON BEACH,, FL 32548	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYNARD, DONALD N 19A WRIGHT PKWY FT. WALTON BEACH,, FL 32548	<input type="checkbox"/> Delete			
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> 				<b>3/24/05 (850) 499-0191</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	