

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90041 004 ****50.00

DOCUMENT # L03000053829	
1. Entity Name MAINTAIN LIMITED LIABILITY COMPANY	


Principal Place of Business 5095 WEST EAU GALLIE BLVD. MELBOURNE FL 32935 US	Mailing Address PO BOX 510015 MELBOURNE BCH. FL 32951 US
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2. Principal Place of Business 420 E. LINCOLN AVE Suite, Apt. #, etc. MELBOURNE, FL City & State	3. Mailing Address P.O. BOX 510015 Suite, Apt. #, etc. MELBOURNE BCH, FL City & State
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Zip 32901	Country BREVARD	Zip 32951	Country BREVARD
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6. Name and Address of Current Registered Agent O'MALLEY, MICHAEL J OWNER 5175 PALMETTO DRIVE MELBOURNE BCH. FL 32951	
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RECEIVED



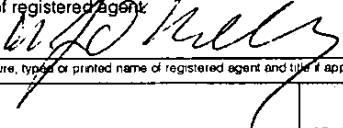
1st MOORE CR2E083 (10/04)

4. FEI Number 03-0534334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 **20 Apr 2005**

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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'MALLEY, MICHAEL J SR. 5175 PALMETTO DRIVE MELBOURNE BCH. FL 32951 <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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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 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:  DATE **20 Apr 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE