


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90274 001 \*\*\*500.00

<b>DOCUMENT # L03000055182</b> 1. Entity Name <b>2042 MAID MARIAN, LLC</b>					
Principal Place of Business <b>4345 CANARD ROAD MELBOURNE, FL 32934</b>			Mailing Address <b>4345 CANARD ROAD MELBOURNE, FL 32934</b>		
2. Principal Place of Business <b>S92 HAWKS BILL IS. DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>SATELLITE BEACH, FL</b>		City & State (blank)		4. FEI Number <b>20-0505242</b>	
Zip <b>32937</b>		Country <b>BREVARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934</b>			7. Name and Address of New Registered Agent Name <b>MARIA ABRAVAYA</b> Street Address (P.O. Box Number is Not Acceptable) <b>S92 HAWKS BILL IS. DR.</b> City <b>SATELLITE BEACH</b> <b>FL</b> Zip Code <b>32937</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 <u><i>Maria Abraham</i></u> <b>5-1-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</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	<b>MGR ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARIA ABRAVAYA S92 HAWKS BILL IS. DR. SATELLITE BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <u><i>Maria Abraham</i></u>			<b>5-1-06 321-266-8669</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		