

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008002

Entity Name: HOUSE MAXX LLC

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

5263 GOLDEN GATE PARKWAY
SUITE A
NAPLES, FL 34116

New Principal Place of Business:

3073 HORSESHOE DRIVE SOUTH
SUITE 112
NAPLES, FL 34104

Current Mailing Address:

5263 GOLDEN GATE PARKWAY
SUITE A
NAPLES, FL 34116

New Mailing Address:

3073 HORSESHOE DRIVE SOUTH
SUITE 112
NAPLES, FL 34104

FEI Number: 20-0659842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FALZARANO, CHRISTINA M
5263 GOLDEN GATE PARKWAY
SUITE C
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

FALZARANO, CHRISTINA M
3073 HORSESHOE DRIVE SOUTH
SUITE 112
NAPLES, FL 34104 US

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.

SIGNATURE:

09/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FALZARANO, CHRISTINA M
Address: 5263 GOLDEN GATE PARKWAY SUITE A
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FALZARANO, CHRISTINA M
Address: 3073 HORSESHOE DRIVE SOUTH, STE. 112
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTINA M. FALZARANO

MGR

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date