2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029171

1. Entity Name

MAXDU PROPERTIES, LLC



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

18530 SW 52ND ST MIRAMAR, FL 33029 Mailing Address

18530 SW 52ND ST

MIRAMAR, FL 33029 US



DO NOT WRITE IN THIS SPACE

03092006 No Chg-LLC

4. FEI Number Applied For 20-1011166 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

PEREIRA, JOSE EDUARDO 18530 SW 52ND ST MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE

| 8. The above the obliga | e named entity submits this statement for the purpose of cha tions of registered agent. | inging its registered office or registered agent, or both | , in the State of Fiorida. I am familiar with, and accept | |
|---|--|--|---|--|
| SIGNATURE. | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE, Registered Agent signature required when reinstating) | DATE | |
| F | iling Fee is \$50.00 ue by May 1, 2006 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | MGRM | | | |
| NAME | PEREIRA, JOSE EDUARDO | | | |
| STREET ADDRESS | 18530 SW 52ND ST | | | |
| CITY-ST-ZIP | MIRAMAR, FL 33029 | j | 05/06/06-80042-001 50 00 | |
| TITLE | MGRM | | 451.621.62-811.47-161. 20.10 | |
| NAME | TIAGO, MARCIA | | | |
| STREET ADDRESS | 18530 SW 52ND ST | i i | | |
| CITY-ST-ZIP | MIRAMAR, FL 33029 | | | |
| TITLE | | | | |
| NAME | | i i | · | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | l DO I | NOT WRITE | |
| TITLE | | 15.1 | THO ODLOG | |
| NAME | | in i | HIS SPACE | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | * | | |
| NAME | | i | | |
| STREET ADDRESS | | | | |
| 1 | | | · | |
| CITY-ST-ZIP | | | | |

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 optiques empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

04/21/06

305-519-1799

Daytime Phone #