
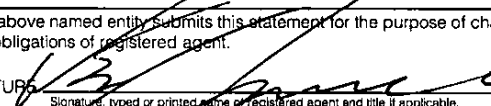
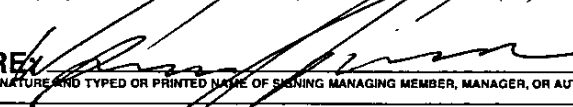


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005 8:00 am
Secretary of State

01-05-2005 90002 015 ****50.00

DOCUMENT # L04000058543 1. Entity Name AMAX CONTRACTORS & DEVELOPERS, LLC					
Principal Place of Business 1265 SW MAPLEWOOD DRIVE PORT ST. LUCIE, FL 34986 US			Mailing Address 1265 SW MAPLEWOOD DRIVE PORT ST. LUCIE, FL 34986 US		
2. Principal Place of Business 799 NE EMERSON STREET Suite, Apt. #, etc.		3. Mailing Address 799 NE EMERSON STREET Suite, Apt. #, etc.			
City & State PORT ST. LUCIE		City & State PORT ST. LUCIE		4. FEI Number 20-1463651	
Zip 34983		Country ST. LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOND, WARREN S 440 S. ROSEMARY AVENUE APT. 15 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name HAMMOND, WARREN S Street Address (P.O. Box Number is Not Acceptable) 799 NE EMERSON STREET PORT ST. LUCIE, FL 34983 City PORT ST. LUCIE FL Zip Code 34983	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMOND, WARREN S 440 S ROSEMARY AVENUE, APT 15 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMOND, WARREN S 799 NE EMERSON STREET PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRINK, SAMUEL 1265 SW MAPLEWOOD DRIVE PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEMM, HOWARD GORDON 799 NE EMERSON STREET PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONLEY, KEVIN 10503 FIRE OAK COURT RIVERVIEW, FL 33589 <input checked="" 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
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
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  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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01032005 Chg-LLC CR2E083 (10/03)