

ATTACHMENT

60044712

L04000061412

11	12	13	14
15	16	17	18
19	20	21	22
23	24	25	26
27	28	29	30

SIGNATURE:

John Swanson
John Swanson, Manager

7-7-08

(239) 643-7859

SIGNATURE AND TITLE OF REGISTERED AGENT, MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

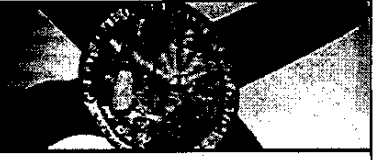
IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State
Check must be payable in United States funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible
- Sign report in block 11
- The fee to file the Limited Liability Company annual report is \$538.75. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested

- Block 1 Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3 If applicable, enter the new principal office address in Block 2. The principal office address must be a street address. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4 If block 4, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For additional information, call (850) 245-6051.
- Block 5 If you need a certificate of status, check the BOX in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address.
- Block 6 The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7 If applicable, enter new agent's name and/or address. The registered office address must be a Florida Street address. A P.O. Box or home address is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8 If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is reinstated. NOTE: Registered agent signature required when reinstating on this form.
- Block 9 Block 9 contains the names, titles, and addresses of the managing members or managers last reported to our office. If block 9, you must list the full name and address of each managing member or manager in Block 10. Insert the letters "MGRM" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. Please do not make any marks in Block 9 unless deleting a managing member or manager. Corrections or additions are to be made in Block 10.
- Block 10 Block 10 is for changes or additions to the existing titles, names, and/or addresses of the managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet, if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.

10044712

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Annual Report Online Filing

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	L04000061412
Business Entity Name	MAXIMO MARINA VENTURES, LLC
Prior notice was	Not Received
FEI Number	201588558
FEI Number Status	
Certificate of Status Desired	No

Principal Place of Business

Address	4801 37TH STREET SOUTH
City, State	ST. PETERSBURG, FL
Zip Code & Country	33711

Mailing Address

Address	4801 37TH STREET SOUTH
City, State	ST. PETERSBURG, FL
Zip Code & Country	33711

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	IHRIG, WILLIAM , K
Address	SHUMAKER, LOOP & KENDRICK, LLP
Suite, Apt. #, etc.	101 EAST KENNEDY BLVD., SUITE 2800
City, State	TAMPA, FL
Zip Code & Country	33602 US

Managing Member/Manager Name And Address

Name And Address #1

Title	MGRM
Entity Name	DREAM HARBORS, LLC
Street Address	909 10TH STREET SOUTH SUITE 105
City, State	NAPLES, FL
Zip Code & Country	34102

Title MGR