2008 LIMITED LIABILITY COMFANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # L04000071308

1. Entity Name
MAIER PROPERTIES LLC



Principal Place of Business

5861 85TH TERRACE PINELLAS PARK, FL 33781 Mailing Address

5861 85TH TERRACE PINELLAS PARK, FL 33781



04202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 61-1477167

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAIER, MICHAEL A 5861 85TH TERRACE PINELLAS PARK, FL 33781

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| 8. The above named entity submits this statement for the purpose of changing its recistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
|---|--|--|-----------------------------|
| SIGNATURE_ | Signature, lohad or protect pages of registered agent and titled applicable | (NOTE, Registered Agent signature required when reinstating) | DATE |
| 11.00 | Signature, typed or project name of registered agent and sitle # applicable. | (2012, riegistato / gore sig lating rodused in a free state) | MATE |
| FILE NOW!!! FEE IS \$138.75 | | | |
| After May 1, 2008 Fee will be \$538.75 | | | |
| 7° 7° 5 | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| îtîrg + c | MGRM | 1 | |
| NAME · · | MAIER, MICHAEL A | | |
| STREET ADDRESS | 5861 85TH TERRACE | l l | U00000040400 |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 | | 05/13/08-80058-022 138.75 |
| TITLE | MGRM | i | 29, 13, 00 00000 002 138.75 |
| NAME . | MAIER, BRENDA S | | |
| STREET ADDRESS | 5861 85TH TERRACE | ļ. | |
| CITY-S1-ZIP | PINELLAS PARK, FL 33781 | | |
| NAME STREET ADDRESS CITY-SI-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN : | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY _E ST-ZIP | TO THE STATE OF TH | | |
| NAME STREET ACCRESS CITY-ST-ZIP **** | 1 Strop how with the information supplied with this liting does not | | |

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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

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

MAIER

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Daytime Phone #