

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080353

1. Entity Name
EL MAXIMO PROPERTIES, LLC



Principal Place of Business
~~1 AIRPORT ROAD~~ 200 Airport Rd
FROSTPROOF, FL 33483

Mailing Address
~~1 AIRPORT ROAD~~ 200 Airport Rd
FROSTPROOF, FL 33483

2. Principal Place of Business
200 Airport Rd
Suite, Apt. #, etc.
Frostproof FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State

Zip
33843

Country
USA

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1859904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, MARY RUTH
1 AIRPORT ROAD
FROSTPROOF, FL 33483

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [Signature] DATE 4-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY RUTH		NAME		
STREET ADDRESS	1 AIRPORT ROAD		STREET ADDRESS		
CITY - ST - ZIP	FROSTPROOF, FL 33483		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 4-23-06 DAYTIME PHONE: 863-528-2301

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

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-14-2006 90032 017 ****50.00

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