2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000086915

1. Entity Name CREDITMAX LLC



FILED Jan 31, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

625 N. Flagler Drive, Suite 625 West Palm Beach, FL 33401

625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1952529

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.		agent, or both, in the State of Florida. I am familiar with, and accept	
	e oonganons on registered agent.	•		
SIG	ATURE	PROTES Continued Round signature was lead after variables.	DAW	

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	BERNSTEIN, MICHAELE.
STREET ADDRESS	625 N FLAGLER DR STE 625
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	+ +
CITY-ST-ZIP	
TITLE	
NAME	
STREET AUDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 Charabu	partify that the information cumplied with this filling does not qualify for the a

U00000412168 02/10/06-90035-014 50.00

DO NOT WRITE IN THIS SPACE

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 603, Florida Statutes.

SIGNATURE: Truchas Paristo
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Michael Bernstein 01/12/2006

(561) 352-2280

Daytims Phone #