2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090779

Entity Name: MAXIM FUNDING LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1614 DREW ST. CLEARWATER, FL 33755	P.O. BOX 6003 CLEARWATER, FL 33758
Current Mailing Address:	**New Mailing Address:**
1614 DREW ST. CLEARWATER, FL 33755	P.O. BOX 6003 CLEARWATER, FL 33758

FEI Number: 14-1919065   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
THOMAS, DON R JR 1614 DREW ST. CLEARWATER, FL 33755 US	THOMAS, DON R JR P.O. BOX 6003 CLEARWATER, FL 33758 US

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.

SIGNATURE: DON R. THOMAS JR.   02/28/2005
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	THOMAS, DON R JR		Name:	THOMAS, DON R JR
Address:	1614 DREW ST.		Address:	P.O. BOX 6003
City-St-Zip:	CLEARWATER, FL 33755 US		City-St-Zip:	CLEARWATER, FL 33758 US
Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	THOMAS, TINA M		Name:	THOMAS, TINA M
Address:	1614 DREW ST.		Address:	P.O. BOX 6003
City-St-Zip:	CLEARWATER, FL 33755 US		City-St-Zip:	CLEARWATER, FL 33758 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DON R. THOMAS JR AND TINA M. THOMAS   MR.   02/28/2005
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date