



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90033 018 \*\*\*\*50.00

<b>DOCUMENT # L05000012858</b> 1. Entity Name <b>MAX &amp; MICHELLE ENTERPRISES, LLC</b>					
Principal Place of Business <b>5617 YATES ROAD LAKELAND, FL 33811</b>			Mailing Address <b>5617 YATES ROAD LAKELAND, FL 33811</b>		
2. Principal Place of Business <b>5808 LAUREL OAK DR</b> Suite, Apt. #, etc. <b>LAKELAND</b>		3. Mailing Address <b>5808 LAUREL OAK DR</b> Suite, Apt. #, etc. <b>LAKELAND</b>			
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND, FL</b>		4. FEI Number <b>20-2235864</b>	
Zip <b>33811</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHELBY, MEDINA &amp; STARGEL, LLP 902 SOUTH FLORIDA AVENUE STE. 101 LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UZELATZ, MAX	NAME			
STREET ADDRESS	5808 LAUREL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UZELATZ, MAXINE	NAME			
STREET ADDRESS	5808 LAUREL OAK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	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			
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.					
<b>SIGNATURE:</b> <i>MAXINE UZELATZ</i>		<i>4/5/06</i>		<i>863 646-6694</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	