


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000022674
 1. Entity Name
 MAXICON LLC



Principal Place of Business
 12550 BISCAYNE BLVD #204
 N MIAMI, FL 33181

Mailing Address
 12550 BISCAYNE BLVD #204
 N MIAMI, FL 33181



01132006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1506805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ANDRES
 12550 BISCAYNE BLVD #204
 N MIAMI, FL 33181

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAIERMAN, SAMUEL 12550 BISCAYNE BLVD #204 N MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEIN, ANDRES 12550 BISCAYNE BLVD #204 N MIAMI, FL 33181
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 01/25/06-80006-013 50.00

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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: Andres Klein Date: 01/13/06 Daytime Phone #: 305-459-4458

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