


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000052592
 1. Entity Name
MAESBURY, LLC



Principal Place of Business Mailing Address
3050 MICHIGAN AVE. **3050 MICHIGAN AVE.**
KISSIMMEE, FL 34744-1544 **KISSIMMEE, FL 34744-1544**

DO NOT WRITE IN THIS SPACE



01282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2970018	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
OXLEY, PAUL
3050 MICHIGAN AVE.
KISSIMMEE, FL 34744-1544

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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, 2007

L000000525186
 02/14/07-80065-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXLEY, PAUL 3050 MICHIGAN AVE. KISSIMMEE, FL 347441544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXLEY, MARTYN 3050 MICHIGAN AVE. KISSIMMEE, FL 347441544
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE:  **PAUL OXLEY** **JAN. 30, 07** **(407) 518-7433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #