

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068076

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: MAXIMIZED LIFE CENTERS, LLC

**Current Principal Place of Business:**

PO BOX 956  
SORRENTO, FL 32776 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 956  
SORRENTO, FL 32776 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROE, ALLAN  
PO BOX 956  
SORRENTO, FL 32776 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROE, ALLAN  
Address: PO BOX 956  
City-St-Zip: SORRENTO, FL 32776 US

Title: MGRM ( ) Delete  
Name: KEEFAUVER, LARRY  
Address: PO BOX 956  
City-St-Zip: SORRENTO, FL 32776 FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALLAN ROE

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date