2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L05000078295

Entity Name: MAXIMA PROPERTIES, LLC

Current Principal Place of Business:

8755 N.W. 6TH STREET
CORAL GABLES, FL 33071

New Principal Place of Business:

8755 N.W. 6TH STREET
CORAL SPRINGS, FL 33071

Current Mailing Address:

8755 N.W. 6TH STREET
CORAL GABLES, FL 33071

New Mailing Address:

8755 N.W. 6TH STREET
CORAL SPRINGS, FL 33071

FEI Number: 55-0907452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: MCSEE, RACHEL
Address: 8755 N.W. 6TH STREET
City-St-Zip: CORAL GABLES, FL 33071

Title: MGRM ( ) Delete
Name: MCSEE, ROBERT
Address: 8755 N.W. 6TH STREET
City-St-Zip: CORAL GABLES, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCSEE, RACHEL
Address: 8755 N.W. 6TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM (X) Change ( ) Addition
Name: MCSEE, ROBERT
Address: 8755 N.W. 6TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

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: RACHEL MCSEE MGRM 04/24/2007

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