2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089335

Entity Name: MONEY MAXX, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1496 OLD DIXIE HWY HOMESTEAD, FL 33030	

Current Mailing Address:	**New Mailing Address:**
3109 GRAND AVENUE 267 COCONUT GROVE, FL 33133	3109 GRAND AVENUE SUITE 267 COCONUT GROVE, FL 33133

FEI Number: 30-0332837   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BURNETT, ALEXANDER 3109 GRAND AVENUE 267 MIAMI, FL 33133 US	BURNETT, ALEXANDER 3109 GRAND AVENUE SUITE 267 MIAMI, FL 33133 US

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: ALEXANDER BURNETT   01/11/2006
_____
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LILIANA, QUINTERO	Name:	
Address:	3109 GRAND AVENUE - SUITE 267	Address:	
City-St-Zip:	COCONUT GROVE, FL 33133 US	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ALEXANDER, BURNETT	Name:	ALEXANDER, BURNETT
Address:	3109 GRAND AVEUNE -SUITE 267	Address:	3109 GRAND AVENUE - SUITE 267
City-St-Zip:	COCONUT GROVE, FL 33133 US	City-St-Zip:	COCONUT GROVE, FL 33133 US

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: ALEXANDER BURNETT   MGR   01/11/2006
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date