

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094911

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: DAXIM ENTERPRISES, LLC

**Current Principal Place of Business:**

4796 MERLOT DRIVE  
VIERA, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

4796 MERLOT DRIVE  
VIERA, FL 32955 US

**New Mailing Address:**

FEI Number: 20-3539671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUVIER, PAUL A  
3210 N. WICKHAM ROAD  
SUITE 5  
MELBOURNE, FL 32935 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: SALINAS, MAXIMO H  
Address: 4796 MERLOT DRIVE  
City-St-Zip: VIERA, FL 32955 US

Title: MGRM ( ) Delete  
Name: GRIFFIN, DARRYL E  
Address: 1500 STUDLEY ROAD, NW  
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM ( ) Delete  
Name: KRATZER, JAMES W SR  
Address: 433 FRONDA AVE, SW  
City-St-Zip: PALM BAY, FL 32908 US

**ADDITIONS/CHANGES:**

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

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: MAXIMO H SALINAS

MGRM

01/06/2006

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