

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101107

Entity Name: MAICOR,LLC

FILED  
Mar 11, 2006  
Secretary of State

**Current Principal Place of Business:**

2011 NE 27TH CT  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2011 NE 27TH CT  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 54-2190755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORDES, DAVID B  
2011 NE 27TH CT  
LIGHTHOUSE POINT, FL 33064 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: CORDES, DAVID B  
Address: 2011 NE 27TH CT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM ( ) Delete  
Name: PATERLINI, INDIA N  
Address: 2011 NE 27TH CT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: CORDES, FLAVIA G  
Address: 2011 NE 27TH CT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM ( ) Change (X) Addition  
Name: MAIO, MARIO F  
Address: 2011 NE 27TH CT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: DAVID B. CORDES

MGRM

03/11/2006

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