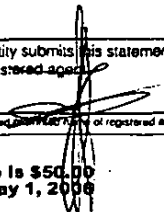
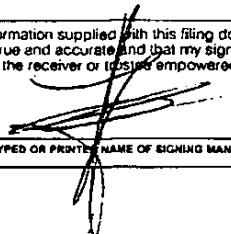


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90059 016 ****50.00

DOCUMENT # L05000118165 1. Entity Name DURAMAXXX, LLC					
Principal Place of Business 1251 OLDE BAILEY LANE WEST MELBOURNE, FL 32904 US			Mailing Address 1251 OLDE BAILEY LANE WEST MELBOURNE, FL 32904 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2190683	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VELAZQUEZ, JOSE 1251 OLDE BAILEY LANE WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name VELAZQUEZ, ALMA Street Address (P.O. Box Number is Not Acceptable) 1251 Olde Bailey LN City West Melbourne FL Zip Code 32904	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE April 20-06	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VELAZQUEZ, JOSE 1251 OLDE BAILEY LANE WEST MELBOURNE, FL 32904	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Velazquez, Alma 1251 Olde Bailey LN. West Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, MANUEL 1251 OLDE BAILEY LANE WEST MELBOURNE, FL 32904	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				DATE 4-20-06	

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04012006 Chg-LLC CR2E083 (11/05)