2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L05000118558 1. Entity Name THE MAXED, L.L.C.

FILED Aug 23, 2006 8:00 am Secretary of State 08-23-2006 90010 033 ****50.00

Principal Place of Business 730 NORTH WALDO ROAD, SUITE "A"		- TO	
GAINESVILLE, FL 32601	Mailing Address 730 NORTH WALDO RO GAINESVILLE, FL 3260		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		08142006 Chg-LLC CR2E083 (11/05)
City & State	City & State		4. FEI Number X Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
HOPE, A BICE ESQUIRE 408 WEST UNIVERSITY AVENUE SUITE #406			is (P.O. Box Number is Not Acceptable)
GAINESVILLE, FL 32601		City	FL Zip Code
8. The above named entity submits this statement for	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	TE: Registered Agent signature requ	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State
9. MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	GRM □Change ੴAddition rank A. Darabi 30 N. Waldo Road, Ste. A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ainesville, FL 32601 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #