


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000010940


1. Entity Name
 ELLIOT P. MAIER, LLC



Principal Place of Business
 6158 LINNEAL BEACH DR.
 APOPKA, FL 32703

Mailing Address
 6158 LINNEAL BEACH DR.
 APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4223868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAIER, ELLIOT P
 6158 LINNEAL BEACH DR.
 APOPKA, FL 32703

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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAIER, ELLIOT P 6158 LINNEAL BEACH DR. APOPKA, FL 32703
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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: *Elliot P Maier* Date: *1/8/08* Daytime Phone #: *4072954469*

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