

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000093161

FILED
Mar 19, 2008
Secretary of State**Entity Name:** MAXIMUS AIR, LLC**Current Principal Place of Business:**3700 AIRPORT ROAD
SUITE 408
BOCA RATON, FL 33431**New Principal Place of Business:**3300 AIRPORT ROAD
SUITE 202
BOCA RATON, FL 33431**Current Mailing Address:**3700 AIRPORT ROAD
SUITE 408
BOCA RATON, FL 33431**New Mailing Address:**3300 AIRPORT ROAD
SUITE 202
BOCA RATON, FL 33431**FEI Number:** 20-5596877**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DENMAN, JAMES B
1995 EAST OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE, FL 33306 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: LEVINE, DIEGO
Address: 12 COUNTRY LAKE TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** CHRM (X) Change () Addition
Name: LEVINE, DIEGO
Address: 12 COUNTRY LAKE TRAIL
City-St-Zip: BOYNTON BEACH, FL 33436**Title:** PRES () Change (X) Addition
Name: D'AMICO, SALVATORE
Address: 21902 PALM GRASS DRIVE
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify 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: DIEGO LEVINE

CHRM

03/19/2008

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