

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90193 009 ****50.00

DOCUMENT # L06000112503					
1. Entity Name MAXPO LLC					
Principal Place of Business 293 ONIEDA TERRACE WELLINGTON, FL 33414			Mailing Address 293 ONIEDA TERRACE WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 293 ONIEDA TERRACE		3. Mailing Address 293 ONIEDA TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082007 Chg-LLC CR2E083 (12/06)	
City & State WELLINGTON FL.		City & State WELLINGTON FL.		4. FEI Number 841721446	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name: <u>Filings, Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3732 N.W. 16TH ST.</u> City: <u>Ft. Lauderdale</u> <u>FL</u> Zip Code: <u>33311</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, JAMES 293 ONIEDA TERRACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JAMES Roberts</u>			4/25/07		561.436 5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT
60050864**Division of Corporations****Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	L06000112503
Business Entity Name	MAXPO LLC
FEI Number	841721446
FEI Number Status	
Certificate of Status Desired	No

Principal Place of Business

Address	293 ONIEDA TERRACE
Suite, Apt. #, etc.	
City, State	WELLINGTON, FL
Zip Code & Country	33414

Mailing Address

Address	293 ONIEDA TERRACE
Suite, Apt. #, etc.	
City, State	WELLINGTON, FL
Zip Code & Country	33414

Name and Address of Registered Agent

RA Business Name	FILINGS, INC.
Address	3732 N.W. 16TH STREET
Suite, Apt. #, etc.	
City, State	FT. LAUDERDALE, FL
Zip Code & Country	333114132 US
Registered Agent Signature	

Managing Member/Manager Name and Address

Title	PRES
Name (Last, First, Middle, Title)	ROBERTS, JAMES
Street Address	293 ONIEDA TERRACE
City, State	WELLINGTON, FL
Zip Code & Country	33414