2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L07000021816

Entity Name: MAISON 12, LLC

Current Principal Place of Business:

2655 NORTH OCEAN DRIVE
SUITE 310
SINGER ISLAND, FL 33404

New Principal Place of Business:

2655 NORTH OCEAN DRIVE
SUITE 100
SINGER ISLAND, FL 33404

Current Mailing Address:

2655 NORTH OCEAN DRIVE
SUITE 310
SINGER ISLAND, FL 33404

New Mailing Address:

2655 NORTH OCEAN DRIVE
SUITE 100
SINGER ISLAND, FL 33404

FEI Number: 90-0324523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIOCCE, DOMENICK R
1645 PALM BEACH LAKES BLVD.
SUIE 1200
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete
Name: HEATON, GEORGE
Address: 2655 NORTH OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

Title: S ( ) Delete
Name: DENTRY, DEBORAH A
Address: 465 ORRICK LANE
City-St-Zip: GREENEVILLE, TN 37743

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HEATON, GEORGE
Address: 2655 NORTH OCEAN DRIVE 100
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GEORGE W. HEATON MGR 04/18/2009

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