2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038708

Entity Name: MAXWELL CONSTRUCTION LLC

1804 SOUTH PARROTT AVENUE

OKEECHOBEE, FL 34974 US

Address:

City-St-Zip:

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1804 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974 **Current Mailing Address: New Mailing Address:** 1804 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974 FEI Number: 20-8863641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAY, DAVID 938 N.W. 3RD STREET OKEECHOBEE, FL 34972 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MAXWELL, CARL Name: Name: 1804 SOUTH PARROTT AVENUE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PRITCHARD, BRENDAN Name: Name: Address: 1804 SOUTH PARROTT AVENUE Address: City-St-Zip: OKEECHOBEE, FL 34974 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POURGHAFARI, KAZEM Name: Name: 1804 SOUTH PARROTT AVENUE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 US City-St-Zip: () Delete Title: MGRM Title: () Change () Addition MAY, DAVID Name: Name: 1804 SOUTH PARROTT AVENUE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PRITCHARD, LOWELL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DAVID MAY MGRM 02/26/2008