

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045694

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** MAXWELL GROUP CA, LLC

**Current Principal Place of Business:**

3443 HANCOCK BRIDGE PKWY  
5  
CAPE CORAL, FL 33903 US

**New Principal Place of Business:**

3443 HANCOCK BRIDGE PKWY  
301  
N. FORT MYERS, FL 33903 US

**Current Mailing Address:**

3443 HANCOCK BRIDGE PKWY  
5  
CAPE CORAL, FL 33903 US

**New Mailing Address:**

31562 OLD SAN JUAN ROAD  
SAN JUAN CAPISTRANO, CA 92675 US

FEI Number: 20-8951005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, JACK  
3443 HANCOCK BRIDGE PKWY  
5  
CAPE CORAL, FL 33903 US

**Name and Address of New Registered Agent:**

MAXWELL, JACK  
3443 HANCOCK BRIDGE PKWY  
301  
N. FOURT MYERS, FL 33903 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:

01/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAXWELL, JACK  
Address: 3443 HANCOCK BRIDGE PKWY #5  
City-St-Zip: CAPE CORAL, FL 33903 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAXWELL, JACK  
Address: 31562 OLD SAN JUAN ROAD  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675 US

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: JACK MAXWELL

MGR

01/28/2008

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