2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# L07000072571

Entity Name: MAXIMUM THEATRE GROUP LLC

Current Principal Place of Business:

736 LEAFY LANE
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

736 LEAFY LANE
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 39-2060015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, MAXIE L III
736 LEAFY LANE
JACKSONVILLE, FL, FL 32216 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:	COLEMAN, MAXIE L III	
Address:	736 LEAFY LANE	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGRM	( ) Delete
Name:	COLEMAN, ELIZABETH S	
Address:	736 LEAFY LANE	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	MGRM	( ) Delete
Name:	JACKSON, LISA	
Address:	7160 GARDEN ST.	
City-St-Zip:	JACKSONVILLE, FL 32219 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MAXIE L. COLEMAN III MGRM 04/13/2008

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