

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120475

Entity Name: MAXLO PROPERTIES, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

6 BRINDLE FOLD, BAMBER BRIDGE, PRESTON
LANCASHIRE
UNITED KINGDOM PR56RU, XX

Current Mailing Address:

6 BRINDLE FOLD, BAMBER BRIDGE, PRESTON
LANCASHIRE
UNITED KINGDOM PR56RU, XX

FEI Number: 26-1652345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERNEY, THOMAS F
1420 E. CONCORD STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

6 BRINDLE FOLD, BAMBER BRIDGE, PRESTON
LANCASHIRE
UNITED KINGDOM PR56RU, UK XX

New Mailing Address:

6 BRINDLE FOLD, BAMBER BRIDGE, PRESTON
LANCASHIRE
UNITED KINGDOM PR56RU, UK XX

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: BUTCHER, IAN M
Address: 6 BRINDLE FOLD, BAMBER BRIDGE
City-St-Zip: PRESTON, LANCASHIRE, XX PR5 6RU UK

Title: MRS () Change (X) Addition
Name: BUTCHER, SUSAN C
Address: 6 BRINDLE FOLD, BAMBER BRIDGE
City-St-Zip: PRESTON, LANCASHIRE, XX PR5 6RU UK

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: IAN M BUTCHER

MR

04/17/2008

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