

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123587

FILED
May 01, 2009
Secretary of State

Entity Name: MAXBEN ESTATE HOLDINGS, "L.L.C"

Current Principal Place of Business:

15021 S.W. 145 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

15021 S.W. 145 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-1565289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMOS, HERNAN
15021 S.W. 145 CT
MIAMI, FL 33186 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: RAMOS, HERNAN
Address: 15021 S.W. 145 CT
City-St-Zip: MIAMI, FL 33186 FL

Title: MGR () Delete
Name: RAMOS, JULIO
Address: 14373 SW 161 ST
City-St-Zip: MIAMI, FL 33177

Title: MGR (X) Delete
Name: RAMOS, EDGARDO
Address: 15021 SW 145 CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: RAMOS, EDGARDO
Address: 15021 S.W. 45 CT
City-St-Zip: MIAMI, FL 33177

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: HERNAN RAMOS

MGR

05/01/2009

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