2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L08000091660

Entity Name: MAXIMUS HOLDINGS LLC

Current Principal Place of Business:

18851 NE 29TH AVENUE #700
AVENTURA, FL 33180

New Principal Place of Business:

C/O FORTALEZA MANAGEMENT
12921 SW 1ST ROAD #107-405
JONESVILLE, FL 32696

Current Mailing Address:

18851 NE 29TH AVENUE #700
AVENTURA, FL 33180

New Mailing Address:

C/O FORTALEZA MANAGEMENT
12921 SW 1ST ROAD #107-405
JONESVILLE, FL 32696

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

Name and Address of Current Registered Agent:

FORTALEZA MANAGEMENT LLC
12921 SW 1ST ROAD #107-406S
JONESVILLE, FL 32696 US

Name and Address of New Registered Agent:

FORTALEZA MANAGEMENT LLC
12921 SW 1ST ROAD #107-405
JONESVILLE, FL 32696 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: BY: S HURLAN, MANAGER 02/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAXIMUS ENTERPRISES,
Address: 18851 NE 29TH AVENUE #700
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: OCTAVIAN HOLDINGS,
Address: 18851 NE 29TH AVENUE #700
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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: MAXIMUS ENTERPRISES MGRM 02/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date