

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90421 011 \*\*\*\*50.00

<b>DOCUMENT # L99000004332</b>					
<b>1. Entity Name</b> MARMAX INTERNATIONAL L.L.C.					
<b>Principal Place of Business</b> 3429 TORREMOLINOS AV MIAMI, FL 33178			<b>Mailing Address</b> 3429 TORREMOLINOS AV MIAMI, FL 33178		
<b>2. Principal Place of Business</b> 9810 Costa del Sol Blvd		<b>3. Mailing Address</b> 7324 NW 56 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 790			
<b>City &amp; State</b> Miami Florida		<b>City &amp; State</b> Miami Florida		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33178		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MAXWELL, ROBERT M 3429 TORREMOLINOS AV MIAMI, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) 9810 Costa del Sol Blvd City <u>Miami</u> <u>FL</u> Zip Code <u>33178</u>		
<b>8. 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. I am familiar with, and accept the obligations of, registered agent.</b> SIGNATURE <u>Robert M. Maxwell</u> DATE <u>3/12/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXWELL, ROBERT M 3429 TORREMOLINOS AVE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 9810 Costa del Sol Blvd Miami FL 33178
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
SIGNATURE: <u>Robert M. Maxwell</u> DATE <u>3/12/04</u> DAYTIME PHONE # <u>786 325 1515</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					