


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90348 014 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                              |                                                                                                                                                                                     |                                                                                   |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # M01000001873</b><br>1. Entity Name<br>AMAXIMIS COMPANY, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                              |                                                                                                                                                                                     |  |                                                                                                                                        |
| Principal Place of Business<br>3221 COLLINSWORTH STREET<br>SUITE 200<br>FORT WORTH, TX 76107                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                              | Mailing Address<br>3221 COLLINSWORTH STREET<br>SUITE 200<br>FORT WORTH, TX 76107                                                                                                    |                                                                                   |                                                                                                                                        |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                                       |                                                                                   |                                                                                                                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                              | City & State                                                                                                                                                                        |                                                                                   |                                                                                                                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | Country                                                      |                                                                                                                                                                                     | Zip                                                                               |                                                                                                                                        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | Country                                                      |                                                                                                                                                                                     | 02122004 Chg-LLC CR2E083 (10/03)                                                  |                                                                                                                                        |
| 4. FEI Number<br><b>75-2728176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                              |                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                              |                                                                                                                                                                                     | <b>\$5.00</b> Additional Fee Required                                             |                                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                   |                                                                                                                                        |
| 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.                                                                                                                                                                                                                                                                                 |                                                                                   |                                                              |                                                                                                                                                                                     |                                                                                   |                                                                                                                                        |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                              |                                                                                                                                                                                     |                                                                                   |                                                                                                                                        |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                                                     |                                                                                   |                                                                                                                                        |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                              | 10. ADDITIONS/CHANGES                                                                                                                                                               |                                                                                   |                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>POYTHRESS, JAMES HENRI<br>3584 SOUTH HILLS AVE<br>FORT WORTH, TX 761093600 | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3221 Collinsworth St #200<br>Ft Worth, TX 76107-6531   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>BUCKLEY, DONNA L<br>3584 SOUTH HILLS AVE<br>FORT WORTH, TX 761093600       | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3221 Collinsworth St. #200<br>Ft. Worth, TX 76107-6531 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | <input type="checkbox"/> Delete                              |                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| 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:</b> <u>Donna L Buckley - Manager</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                              |                                                                                                                                                                                     | 2-13-04 817-252-3122                                                              |                                                                                                                                        |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                              |                                                                                                                                                                                     | <small>Date Daytime Phone #</small>                                               |                                                                                                                                        |