

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90060 045 ****55.00

DOCUMENT # M01000001873

1. Entity Name

AMAXIMIS COMPANY LLC



Principal Place of Business

3221 COLLINSWORTH STREET
SUITE 200
FORT WORTH, TX 76107-6531

Mailing Address

3221 COLLINSWORTH STREET
SUITE 200
FORT WORTH, TX 76107-6531

DO NOT WRITE IN THIS SPACE



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4. FEI Number

75-2728176

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 00000000
0000 000000

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POYTHRESS, JAMES HENRI
STREET ADDRESS	3221 COLLINSWORTH ST #200
CITY-ST-ZIP	FORT WORTH, TX 761076531
TITLE	MGR
NAME	BUCKLEY, DONNA L
STREET ADDRESS	3221 COLLINSWORTH ST #200
CITY-ST-ZIP	FORT WORTH, TX 761076531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

BY: AMAXIMIS COMPANY, L.L.C., General Partner

SIGNATURE:

Donna L Buckley Mgr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-05 817-252-3122