

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003445

Entity Name: MAXAMILLION, LLC

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

9799 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9799 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 20-1458414      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:**

MEINERS, LOUIS M JR  
200 AVIATION DRIVE, SUITE 2  
NAPLES, FL 34101    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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: KOPPEL, NEIL  
Address: 9799 SAVONA WINDS DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEIL KOPPEL

PRES

05/01/2005

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