

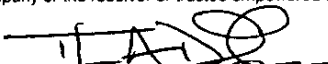


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90009 046 ****50.00

DOCUMENT # M05000006138					
1. Entity Name MAXIMUM FINANCIAL LLC					
Principal Place of Business 982 MONTAUK HWY BAYPORT, NY 11705			Mailing Address 982 MONTAUK HWY BAYPORT, NY 11705		
2. Principal Place of Business 982 Montauk Hwy		3. Mailing Address 982 Montauk Hwy			
Suite, Apt. #, etc. 3		Suite, Apt. #, etc. 3			
City & State Bayport, N.Y.		City & State Bayport, N.Y.			
Zip 11705		Zip 11705			
Country Suffolk		Country Suffolk		03222006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-1879521				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KARD, ADAM 2400 FEDHER SOUND DRIVE, APT 1412 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIGILIO, THOMAS A 222 MIDDLE COUNTRY RD., STE 109 SMITHTOWN, NY 11787	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	982 Montauk Hwy, suite 3 Bayport, N.Y. 11705	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: 		Date: 3/22/06		Daytime Phone #: 631-363-3720 x104	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					