

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004971

FILED
Jan 27, 2007
Secretary of State

Entity Name: MAXAMILLION MANAGEMENT, LLC

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: 20-5493054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104 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/MANAGERS:

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

Title: MGRM () Delete
Name: RUCKER, NICOLE
Address: 9799 SAVONS WINDS DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

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

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 Chapter 119, 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

MEMB

01/27/2007

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