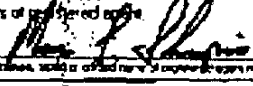


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-14-2008 90043 000 158.75
M06000006347

DOCUMENT # M06000006347			
1. Entity Name: ANOPTIMAL INVESTMENT, LLC		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 25 PM 3:20	
Principal Place of Business 8204 LOWBANK DRIVE NAPLES, FL 34109		Mailing Address 8204 LOWBANK DRIVE NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Date, Apr. 4, 2008		Date, Apr. 4, 2008	
City & State		City & State	
City	Country	City	Country
4. FEI Number 20-8146225		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACHLE, KEVIN 8204 LOWBANK DRIVE NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: MARE SHAPIRO, ESQ. Street Address (P.O. Box Number is Not Acceptable): 720 Goodlette Rd. North City: NAPLES, FL Zip Code: 34101	
8. The above named entity/submitter 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, the registered agent.			
SIGNATURE: 		DATE: 1/10/08	
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER AMAXIMUM CORPORATION 8204 LOWBANK DRIVE NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3215 McLeod Dr. Suite 100 Las Vegas, NV 89121 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 193, 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: 		Authorized Signature of AMAXIMUM Corp 2/25/2008	