2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-14-2008 90043 030 ***138.75
M06000006347

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 25 PM 3:20

01102008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000006347

1. Entity Name
ANOPTIMAL INVESTMENT, LLC

Principal Place of Business	Mailing Address
8204 LOWBANK DRIVE NAPLES, FL 34109	8204 LOWBANK DRIVE NAPLES, FL 34109
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-8146225 — Applied For / Not Applicable

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: Marc Shapiro, esq.
Street Address (P.O. Box Number is Not Acceptable): 720 Goodlette Rd. North
City: Naples, FL Zip Code: 34102

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] 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	MGR AMAXIMUM CORPORATION 8204 LOWBANK DRIVE NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3225 McLeod Dr. Suite 100 Las Vegas, NV 89121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: K-B-B Authorized Signatory of AMAXIMUM Corp 2/25/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #