## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M99000000040

Entity Name: MAXVILLE, LLC

FILED Apr 16, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

111 WEST 50TH STREET 111 WEST 50TH STREET 40TH FLOOR 7TH FLOOR

NEW YORK, NY 10020 NEW YORK, NY 10020

**Current Mailing Address: New Mailing Address:** 

111 WEST 50TH STREET 111 WEST 50TH STREET 40TH FLOOR 7TH FLOOR NEW YORK, NY 10020 NEW YORK, NY 10020

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUSTIN, KRISTINA 6640 COUNTY ROAD 218 US JACKSONVILLE, FL 32234

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:

ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete BERGREEN, BERNARD BERGREEN, BERNARD Name: Name:

111 WEST 50TH STREET, 2ND FLOOR Address: 111 WEST 50TH STREET, 7TH FLOOR Address:

City-St-Zip: NEW YORK, NY 10020 City-St-Zip: NEW YORK, NY 10020

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

MOODY, NATALIE P Name: MOODY, NATALIE P Name:

Address: 111 WEST 50TH STREET, 2ND FLOOR Address: 111 WEST 50TH STREET, 7TH FLOOR

City-St-Zip: NEW YORK, NY 10020 City-St-Zip: NEW YORK, NY 10020

Title: () Delete Title: () Change () Addition

SORRENTIO, DOMINICK Name: Name: 581705 WHITE OAK RD Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

GARRETT, VICTOR Name: Name: 581705 WHITE OAK RD Address: Address: City-St-Zip: YULEE, FL 32097 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

CROPPER, STEPHEN W CROPPER, STEPHEN W Name: Name: 111 WEST 50TH ST, 40TH FLOOR 111 WEST 50TH ST, 7TH FLOOR Address: Address:

City-St-Zip: NEW YORK, NY 10020 City-St-Zip: NEW YORK, NY 10020

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: DOMINICK SORRENTINO 04/16/2007