2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# M99000000040

Entity Name: MAXVILLE, LLC

Current Principal Place of Business:

581705 WHITE OAK RD
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

581705 WHITE OAK RD
YULEE, FL 32097 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

AUSTIN, KRISTINA
6640 COUNTY ROAD 218
JACKSONVILLE, FL 32234 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:	MGR	( ) Delete
Name:	BERGREEN, BERNARD	
Address:	111 WEST 50TH STREET, 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10020 US	
Title:	MGR	( ) Delete
Name:	MOODY, NATALIE P	
Address:	111 WEST 50TH STREET, 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10020 US	
Title:	VP	( ) Delete
Name:	SORRENTIO, DOMINICK	
Address:	581705 WHITE OAK RD	
City-St-Zip:	YULEE, FL 32097 US	
Title:	P	( ) Delete
Name:	GARRETT, VICTOR	
Address:	581705 WHITE OAK RD	
City-St-Zip:	YULEE, FL 32097 US	
Title:	TS	( ) Delete
Name:	CROPPER, STEPHEN W	
Address:	111 WEST 50TH ST, 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10020 US	
Title:	AS	( ) Delete
Name:	LEVINE, HAROLD	
Address:	111 W. 50TH ST, 7TH FLOOR	
City-St-Zip:	NEW YORK, NY 10020 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SORRENTINO, DOMINICK	
Address:	581705 WHITE OAK RD	
City-St-Zip:	YULEE, FL 32097 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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 VP 04/28/2009

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