

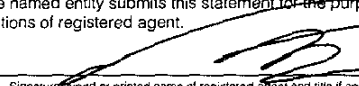
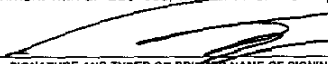


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90004 030 ***150.00

DOCUMENT # P98000094369 1. Entity Name MAXIMO AT TAYLOR CREEK, INC.					
Principal Place of Business 1600 N. 2ND STREET FT. PIERCE, FL 34950			Mailing Address ONE PROGRESS PLAZA #450 ST. PETERSBURG, FL 33701		
2. Principal Place of Business One Progress Plaza		3. Mailing Address One Progress Plaza			
Suite, Apt. #, etc. # 450		Suite, Apt. #, etc. # 450			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip 33701		Zip 33701			
4. FEI Number 65-0869527				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AVIRAM, TAL ONE PROGRESS PLAZA SUITE 450 SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 1-9-2004 <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAMS, ROBERT CE ONE PROGRESS PLAZA, SUITE 450 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVIRAM, JIMMY ONE PROGRESS PLAZA, SUITE 450 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVIRAM, TAL ONE PROGRESS PLAZA, SUITE 450 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, MICHAEL R ONE PROGRESS PLAZA, SUITE 450 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 1-9-2004 Daytime Phone # 727-803-4370		