

**2001 UNIFORM BUSINESS REPORT (UBR)**

0015649 AF

**DOCUMENT # L99000001644**

FILED

1. Entity Name  
**MAPLEWOOD INVESTORS, L.L.C.**

01 APR -6 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
803 MAPLEWOOD DRIVE, SUITE 37  
JUPITER FL 33458

Mailing Address  
P.O. BOX 3351  
TEQUESTA FL 33469



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0919322**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORE, H. GEARL  
610 XANADU PLACE  
JUPITER FL 3347**

Name **RICHARD C. RATHKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**501 MAPLEWOOD Dr.**  
City **JUPITER** FL Zip Code **33450**

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.

SIGNATURE *Richard C. Rathke* **RICHARD C. RATHKE** DATE **Apr 3/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**700003996007--8**  
-04/12/01--01135--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGRM RATHKE, RICHARD C P.O. BOX 3351 TEQUESTA FL 33469</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGRM GORE, H. GEARL 610 XANADU PLACE JUPITER FL 33477</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGRM LINDAHL, LENNART 41 SADDLE BACK ROAD TEQUESTA FL 33469</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGRM BISHOP, CRISTINA R 9142 EAST RIDGE ROAD GOLDEN CO 80403</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGRM RATHKE, CAROLA S 1127-B SEMINOLE EAST JUPITER FL 33477</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 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: *Richard C. Rathke* **(RICHARD C. RATHKE)** DATE **Apr 3/01** DAYTIME PHONE # **561-7460980**

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

CR2E083 (11/00)