

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001644

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



Principal Place of Business
 501 MAPLEWOOD DR
 JUPITER, FL 33458

Mailing Address
 P.O. BOX 3351
 TEQUESTA, FL 33469



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0919322	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RATHKE, RICHARD C
 501 MAPLEWOOD DR
 JUPITER, FL 33450

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATHKE, RICHARD C P.O. BOX 3351 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORE, H. GEARL 610 XANADU PLACE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDAHL, LENNART 41 SADDLE BACK ROAD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, CRISTINA R 9142 EAST RIDGE ROAD GOLDEN, CO 80403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RATHKE, CAROLA S 1127-B SEMINOLE EAST JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000315316
 04/19/05-80031-004 50.00

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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: R.C. Rathke R.C. RATHKE 2/1/05 561-7460980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #