


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 013 ****55.00

DOCUMENT # M00000000550

1. Entity Name
MAPLE COMPANY, L.L.C.



Principal Place of Business 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901	Mailing Address 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901
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14027330



09212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1860126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAGG, ROBERT W 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANSON, CHRISTOPHER P. 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901
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IN THIS SPACE**

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: CPJ Christopher P. Janson 9-22-04 239 344 0190 #108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #