


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90227 036 ****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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
735 Goddard Ave
 Suite, Apt. #, etc.

City & State
 City & State *Chesterfield MO*

Zip
 Zip *63005* Country *St. Louis*



01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
43-1860126 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAGG, ROBERT W 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANSON, CHRISTOPHER P 2400 FIRST STREET, STE. 200 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>735 Goddard Ave Chesterfield MO. 63005</i>
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **1-20-06** **636 532-9140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #