


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90015 001 ****50.00

DOCUMENT # L03000055038	
1. Entity Name MAPLERIDGE PARTNERS, LLC	

Principal Place of Business 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US	Mailing Address 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US
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30009295



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEP MANAGEMENT, INC.		NAME		
STREET ADDRESS	3300 N. 29TH AVENUE #101		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:  Date: **4/27/05** Daytime Phone #: **954-925-7100**

ATTACHMENT
30009295

MAPLERIDGE PARTNERS, LLC
3300 N. 29th Ave., Suite 101
Hollywood, FL 33020

Phone: 954/925-7100
Fax: 954/920-0015

June 9, 2005

Division of Corporations
PO ox 6478
Tallahassee, FL 32314

Subject: Mapleridge Partners LLC

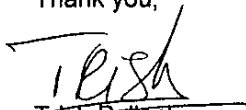
Reference Number: L03000055038

Dear Sir or Madam:

Please find attached copy of the FEI number application. The FEI Number for Mapleridge Partners LLC is 55-0897911.

If you have any questions, please give us a call.

Thank you,


Trish Pollack
Office Manager

ATTACHMENT
3000929 # L036000055038

Form **SS-4**

Application for Employer Identification Number

EIN

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
Mapleridge Partners, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3300 N. 29th Avenue

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Hollywood, FL 33020

5b City, state, and ZIP code

6 County and state where principal business is located
Broward, FL

7a Name of principal officer, general partner, grantor, owner, or trustor
Bennett David

7b SSN, ITIN, or EIN
287-90-5190

8a Type of entity (check only one box)
 Sole proprietor (SSN) _____
 Partnership _____
 Corporation (enter form number to be filed) _____
 Personal service corp. _____
 Church or church-controlled organization _____
 Other nonprofit organization (specify) _____
 Other (specify) **Disregarded Entity**

Estate (SSN of decedent) _____
 Plan administrator (SSN) _____
 Trust (SSN of grantor) _____
 National Guard State/local government
 Farmers' cooperative Federal government/military
 REMIC Indian tribal governments/enterprises
Group Exemption Number (GEN) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Foreign country

9 Reason for applying (check only one box)
 Started new business (specify type)
Land Sales
 Hired employees (Check the box and see line 12.)
 Compliance with IRS withholding regulations
 Other (specify) _____

Banking purpose (specify purpose) _____
 Changed type of organization (specify new type) _____
 Purchased going business _____
 Created a trust (specify type) _____
 Created a pension plan (specify type) _____

10 Date business started or acquired (month, day, year)
5/2/2005

11 Closing month of accounting year
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."
0

14 Check one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale - agent/broker
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale - other Retail
 Real estate Manufacturing Finance & insurance Other (specify) _____

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Land

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name Designee's telephone number (include area code)
Address and ZIP code Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) **Bennett David Partner**
Signature **[Signature]** Date **6/3/05**
Applicant's telephone number (include area code) **(954) 925-7100**
Applicant's fax number (include area code) **(954) 920-0015**