


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L03000055038</b>	
1. Entity Name <b>MAPLERIDGE PARTNERS, LLC</b>	

Principal Place of Business <b>3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US</b>
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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	Zip	Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP	MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020	<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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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

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:  **4/27/05 954-925-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
30009295

**MAPLERIDGE PARTNERS, LLC**  
3300 N. 29<sup>th</sup> 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**

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

**Application for Employer Identification Number**

(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.

EIN

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

267-90-5190

**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☐ Farmers' cooperative☐ REMIC☐ State/local government☐ Federal government/military☐ 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."

Agricultural

Household

Other

0

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

Date

6/3/05

Applicant's telephone number (include area code)  
(954) 925-7100Applicant's fax number (include area code)  
(954) 920-0015

(HTA) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev. 12-2001)