


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90356 038 ****50.00

DOCUMENT # L03000055038 1. Entity Name MAPLERIDGE PARTNERS, LLC	
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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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DO NOT WRITE IN THIS SPACE

40100063



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0897911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEP MANAGEMENT, INC.
3300 N. 29TH AVENUE
#101
HOLLYWOOD, FL 33020

**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 _____

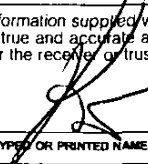
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

Date: 4/27/07 Daytime Phone #: 954-925-7100