

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046389

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC8310909309**

**Entity Name:** MAIN STREET RESIDENTIAL MAPLE GLEN HOLDINGS ONE, LLC

**Current Principal Place of Business:**

7190 SE OSPREY STREET  
HOBE SOUND, FL 33445

**Current Mailing Address:**

7190 SE OSPREY STREET  
HOBE SOUND, FL 33445 US

**FEI Number:** 45-1831575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF PAUL A. LESTER, P.A.  
9150 S. DADELAND BOULEVARD  
SUITE 1400  
MIAMI, FL 33156 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARSHALL, TODD C  
Address 7190 SE OSPREY STREET  
City-State-Zip: HOBE SOUND FL 33445

Title MGR  
Name MARSHALL, CRAIG S  
Address 7190 SE OSPREY STREET  
City-State-Zip: HOBE SOUND FL 33455

Title MGR  
Name LESTER, PAUL A  
Address 9150 S. DADELAND BOULEVARD,  
SUITE 1400  
City-State-Zip: MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG S MARSHALL

**MGR**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date