2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 APR 26 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0032657 SP

DOCUMENT # L00000001725

1. Entity Name
MAP ELITE, L.L.C.

Principal Place of Business
350 FORST STREET NORTH
WINTER HAVEN FL 33881

Mailing Address
350 FORST STREET NORTH
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
320 First Street N.	320 First Street N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3632922 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND STREET SE
WINTER HAVEN FL 33880

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, GARY R		NAME	
STREET ADDRESS	350 FORST STREET NORTH		STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHANDRASEKHAR, KOLLAGUNTA S		NAME	300004193953--6
STREET ADDRESS	350 FORST STREET NORTH		STREET ADDRESS	-05/10/01--01107--010
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	*****55.00 *****55.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (11/00)

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: REQUIRED — 4/23/01 — (863)294-5505 (Ext 287)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #