LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
07-11-2002 90247 010 ****50.00

970091

1. Entity Name: L01000000778

MAPLE FIDELITY TRUST LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2328 10th Ave. No.	2328 10th Ave. No.
Suite, Apt. #, etc.: Suite 403	Suite, Apt. #, etc.: Suite 403
City & State: Lake Worth, FL	City & State: LAKE WORTH, FL
Zip: 33461-6606 Country: U.S.A.	Zip: 33461-6606 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1068583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rukin, Roger

Street Address (P.O. Box Number is Not Acceptable): 2328 10th Ave. No., Suite 403

City: LAKE WORTH FL Zip Code: 33461-6606

*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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER MEMBER
NAME	JAMES B. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE. NO. SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
TITLE	MANAGER MEMBER
NAME	JULIA R. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10th AVE. No. SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
TITLE	MANAGER
NAME	ROGER B. RUKIN
STREET ADDRESS	2328 10th AVE. No. Suite 403
CITY-ST-ZIP	LAKE WORTH, FL 33461-6606
TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: _____ 6/26/02 561-586-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #