

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90042 024 ****50.00

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DOCUMENT # L01000022162 1. Entity Name MAPA, L.L.C.					
Principal Place of Business 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431			Mailing Address 31731 NORTHWESTERN HWY STE 250W FARMINGTON, MI 48334		
2. Principal Place of Business 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		01052005 Chg-LLC CR2E083 (10/03) 4. FEI Number 02-0545510 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 JAKOBSON, MARKUS 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent Name JAKOBSON, MARKUS E. Street Address (P.O. Box Number is Not Acceptable) 2201 NW CORPORATE BLVD. SUITE 100 City BOCA RATON, FL 33431 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. 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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKOBSON, MARKUS E 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPTAK, PAOLA M 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPTAK, PAOLA M 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/15/05 Daytime Phone #					