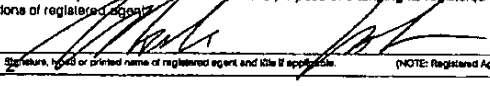


FILED
Jul 15, 2008 8:00 am
Secretary of State

06-04-2008 90254 014 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000022162		
1. Entity Name MAPA, L.L.C.		
Principal Place of Business 2201 NW CORPORATE BLVD SUITE 100 BOCA RATON, FL 33431	Mailing Address 31731 NORTHWESTERN HWY STE 250W FARMINGTON, MI 48334	30010388 
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JAKOBSON, MARKUS 2201 NW CORPORATE BLVD STE 100 BOCA RATON, FL 33431		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  Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4.29.08</u> (NOTE: Registered Agent signature required when retreating)
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKOBSON, MARKUS E 2201 NW CORP. BLVD STE 100 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPTAK, PAOLA M 2201 NW CORP. BLVD STE 100 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes.		
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		DATE <u>7/9/08</u> Date Daytime Phone #