

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000366

FILED
Apr 07, 2005
Secretary of State

Entity Name: MAPLE & MAIN REDEVELOPMENT, LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

FEI Number: 01-0713947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGLE, DAVID R
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WIGLE, DAVID R
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: MCWILLIAMS, CURTIS B
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: BANNON, GEORGE
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DAVID R. WIGLE

MGR

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date