


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90182 013 ****50.00

DOCUMENT # L03000024669

1. Entity Name
MAPLEVILLE INVESTMENTS, LLC



Principal Place of Business
3992 LAKE NED CIRCLE
WINTER HAVEN, FL 33884 US

Mailing Address
P.O. BOX 84
WINTER HAVEN, FL 33882 US



2. Principal Place of Business
535 KOALA DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03152004 Chg-LLC CR2E083 (10/03)

City & State
KISSIMMEE, FL

City & State

4. FEI Number
65-1196259

Applied For
 Not Applicable

Zip
34759

Country
USA

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CROSS, RAYMOND
3992 LAKE NED CIRCLE
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent
 Name **RAYMOND CROSS**
 Street Address (P.O. Box Number is Not Acceptable)
535 KOALA DRIVE
 City **KISSIMMEE** **FL** Zip Code **34759**

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 *Raymond Cross* **RAYMOND CROSS MGRM.** **3/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, RAYMOND P.O. BOX 84 WINTER HAVEN, FL 33882	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, ROSEMARY P.O. BOX 84 WINTER HAVEN, FL 33882	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosemary Cross* **ROSEMARY CROSS** **3/15/04** **863-427-1884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #