

DOCUMENT# L04000045111

Entity Name: MANAGEMENT ASSOCIATED PROPERTIES, LLC

**New Principal Place of Business:**

**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

**FBI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HELLER, WAYNE  
Address: 804 GOLFPARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: HELLER, JUDY  
Address: 804 GOLFPARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

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 Chapter 119, 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: WAYNE HELLER

MGR

04/13/2006

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