

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060930

Entity Name: MAP, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1811 ENGLEWOOD ROAD
SUITE 167
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

50 CAYMAN ISLES BLVD
ENGLEWOOD, FL 34223 US

Current Mailing Address:

1811 ENGLEWOOD ROAD
SUITE 167
ENGLEWOOD, FL 34223 US

New Mailing Address:

50 CAYMAN ISLES BLVD
ENGLEWOOD, FL 34223 US

FEI Number: 20-1610001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADERMAN, BILL
50 CAYMAN ISLES BLVD
ENGLEWOOD, FL 34223 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/MANAGERS:

Title: MGRM () Delete
Name: FIFTY 5, LLC
Address: 1811 ENGLEWOOD ROAD, SUITE 167
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR () Delete
Name: ADERMAN, WILFRED L
Address: 1811 ENGLEWOOD ROAD, SUITE 167
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIFTY 5, LLC
Address: 50 CAYMAN ISLES BLVD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR (X) Change () Addition
Name: ADERMAN, WILFRED L
Address: 50 CAYMAN ISLES BLVD
City-St-Zip: ENGLEWOOD, FL 34223 US

I hereby certify that the information supplied with this filing does not qualify 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: BILL ADERMAN

MGR

04/30/2009

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