

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000060930

Entity Name: MAP, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

50 CAYMAN ISLES BLVD  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 CAYMAN ISLES BLVD  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

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:**

FIFTY 5, LLC  
50 CAYMAN ISLES BLVD  
ENGLEWOOD, FL 34223 US

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: FIFTY 5, LLC

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: MENARD, WALTER M  
Address: 13672 EMRICK DRIVE  
City-St-Zip: PLYMOUTH, MI 48170 US

I hereby 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: FIFTY 5, LLC

MGRM

04/29/2012

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