

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
May 05, 2005 8:00 am
Secretary of State

04-11-2005 90047 050 ****50.00

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DOCUMENT # L04000061120			
1. Entity Name MAP HOLDINGS, LLC			
Principal Place of Business 906 SPRING PARK LOOP CELEBRATION, FL 34747		Mailing Address 906 SPRING PARK LOOP CELEBRATION, FL 34747	
2. Principal Place of Business 540 Water Street		3. Mailing Address 540 Water Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Celebration FL		City & State Celebration FL	
Zip 34747	Country USA	Zip 34747	Country USA
6. Name and Address of Current Registered Agent CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747		4. FEI Number 11-3748494 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Kevin A. Curtis Manager</u>		Date <u>4-6-05</u> Devere Phone # <u>321-939-7210</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Devere Phone #	