

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061359

Entity Name: M.A.P. DEVELOPMENT LLC

FILED  
Apr 07, 2007  
Secretary of State

**Current Principal Place of Business:**

300 N. RONALD REAGAN BLVD.  
311  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

158 WISTERIA DR.  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 22-3902687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMS, DEBRA G  
300 N. RONALD REAGAN BLVD.  
311  
LONGWOOD, FL 32750 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: MGR ( ) Delete  
Name: POLLNER, MARIO A  
Address: 300 N. RONALD REAGAN BLVD.  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR ( ) Delete  
Name: SIMMS, DEBRA G  
Address: 300 N. RONALD REAGAN BLVD.  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES:**

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

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: DEBRA G. SIMMS

MEMB

04/07/2007

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