2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# L04000093647

Entity Name: MAPLE ATLANTIC, LLC

Current Principal Place of Business:

901 SYMPHONY BEACH LANE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

901 SYMPHONY BEACH LANE
APOLLO BEACH, FL 33572

New Mailing Address:

P.O. BOX 3618
APOLLO BEACH, FL 33572

FEI Number: 61-1480238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LE, HIEU
901 SYMPHONY BEACH LANE
APOLLO BEACH, FL 33572 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: LE, HIEU T
Address: 901 SYMPHONY BEACH LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR ( ) Delete
Name: VU, JOHN
Address: 18821 VIA SAN MARCO
City-St-Zip: IRVINE, CA 92603

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LE, HIEU T
Address: 901 SYMPHONY BEACH LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM (X) Change ( ) Addition
Name: VU, JOHN
Address: 18821 VIA SAN MARCO
City-St-Zip: IRVINE, CA 92603

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: HIEU LE MGRM 05/13/2008

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