

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90280 002 ****50.00

DOCUMENT # L05000006470

1. Entity Name
MAPES & WILSONS, LLC



Principal Place of Business
417-12TH ST W STE 209
BRADENTON, FL 34205

Mailing Address
POB 361
BRADENTON, FL 34206

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2195787

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, ROBERT W III
1206 MANATEE AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name REED W. MAPES

Street Address (P.O. Box Number is Not Acceptable)

417-12th St W Suite 209

City Bradenton

FL

Zip Code 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAPES & MAPES, INC.
STREET ADDRESS 417 -12TH ST W
CITY-ST-ZIP BRADENTON, FL 34205 ☐ Delete

TITLE MGR
NAME EXCELLENT PROPERTIES, LLC
STREET ADDRESS 1281 GULF OF MEXICO DRIVE #1006
CITY-ST-ZIP LONGBOAT KEY, FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/12/07