

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90287 034 ****50.00

DOCUMENT # L05000020330			
1. Entity Name MAEFLOWER, LLC			
Principal Place of Business 343 SATIOWOOD DRIVE SANTA ROSA BEACH, FL 32459		Mailing Address 343 SATIOWOOD DRIVE SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business <i>343 Satinwood Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>343 Satinwood Dr.</i> Suite, Apt. #, etc.	
City & State <i>Santa Rosa Beach, FL</i>		City & State <i>Santa Rosa Beach, FL</i>	
Zip <i>32459</i>	Country <i>USA</i>	Zip <i>32459</i>	Country
6. Name and Address of Current Registered Agent CONGLETON, BRAD 50 UPTOWN GRAYTON CIRCLE #15 SANTA ROSA BEACH, FL 32459		4. FEI Number <i>20-2408877</i>	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		State FL	
City		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 reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVELAND, KEVIN 343 SATIOWOOD DRIVE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Cleveland, Kevin M.</i> <i>343 Satinwood Dr.</i> <i>Santa Rosa, Beach, FL 32459</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEVELAND, WENDY 343 SATIOWOOD DRIVE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Cleveland, Wendy M.</i> <i>343 Satinwood Dr.</i> <i>Santa Rosa Beach, FL 32459</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> Kevin M. Cleveland		Date: <i>3/19/06</i> Daytime Phone #: <i>(850) 267-1721</i>	