2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 22, 2006 8:00 am Secretary of State 05-05-2006 90026 010 ****50.00

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DOCUN 1. Entity Name MAPMS, L					03-03-	2000 900	<i>7</i> 20 010		30.00				
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569				Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			30010886						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			03172006	Chg-LLC	CR2	E083 (11/	05)		
City & State			City & State				4. FEI Numb	[*] 2729	1439		Not	lied For Applicable	
Zip		Country	Zip					ol Status Desire		\$5.00 Fee Rec			
	6. Name	and Address of Curren	it Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent						
REED, JAN 9625 WES	KEARNE			Street Address			(P.O. Box Number is Not Acceptable)						
RIVERVIEW, FL 33569													
		* *		City					F	Zip	Code		
			for the purpose of changing its	register	ed office or re	gistere	ed agent, or bo	oth, in the State C	f Florida. I a	m tamiliar	with, a	nd accept	
SIGNATURE	the obligations of registered agent. SIGNATURE Signal-re, typed or printed name of registated agent and take if appricable. (NOTE: Registate of Agent algorithms when remitating) DATE												
Filing Fee is \$50.00 Due by May 1, 2006									Make check Irida Depar				
Ø.		MANAGING MEMI	BERS/MANAGERS	10.	15-			ADDITIO	INS/CHANG				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Y, BING S KEARNEY WAY EW, FL 33569	☐ Celete	4	E K EET ADDRESS 9	625	RNEY, I	BING CHA KEARNEY FL 335	WAY	XX ch≥ W.J	-	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			Detem		- [Cha	nge	Addition	
11. I hereby certify that the information supplied with this filling 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: BING CHARLES W. KEARNEY JR. 4/12/06 813 TO SEE STORM MANAGER OF HUMBON MANAGER OF AUTHORIZED REPRESENTATIVE Date 813 TO SEE STORM 100 TO PER CONTROLLED MANAGER OF AUTHORIZED REPRESENTATIVE Date 813 TO SEE STORM 100 TO PER CONTROLLED MANAGER OF AUTHORIZED REPRESENTATIVE Date 813 TO SEE STORM 100 TO PER CONTROLLED MANAGER OF AUTHORIZED REPRESENTATIVE Date 813 TO SEE STORM 100 TO PER CONTROLLED MANAGER OF MANAGER OF AUTHORIZED REPRESENTATIVE Date 813 TO SEE STORM 100 TO PER CONTROLLED MANAGER OF MANAGER													