

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90202 048 \*\*\*\*50.00

20013353



03022006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000045505</b>	
1. Entity Name <b>MAPLEPALM LLC</b>	



Principal Place of Business <b>2411 SALISBURY BLVD. WINTER PARK, FL 32789</b>	Mailing Address <b>2411 SALISBURY BLVD. WINTER PARK, FL 32789</b>
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2. Principal Place of Business <b>5105 CYPRESS CREEK DR.</b>	3. Mailing Address <b>5105 CYPRESS CREEK DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO FLORIDA</b>	City & State <b>ORLANDO FLORIDA</b>
Zip <b>32811</b>	Zip <b>32811</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>43-2085035</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>BUSINESS FILINGS INCORPORATED 1203 GONVERNORS SQUARE BLVD. SUITE 101 TALLAHASSEE, FL 32301-2960</b>	

7. Name and Address of New Registered Agent	
Name <b>REID MANCHESTER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5105 CYPRESS CREEK DR.</b>	
City <b>ORLANDO</b>	FL Zip Code <b>32811</b>

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	DATE <b>MAR 2 '06</b>
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**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MANCHESTER, REID 2411 SALISBURY BLVD. WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	DATE <b>MAR 2 '06</b>	Daytime Phone # <b>407-583-4264</b>
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