2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000047536

Entity Name: MAP REALTY OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

4420 S. HWY 27
STE. 6
CLERMONT, FL 34711

New Principal Place of Business:

4420 S. HWY 27
STE. 8
CLERMONT, FL 34711

Current Mailing Address:

4420 S. HWY 27
STE. 6
CLERMONT, FL 34711

New Mailing Address:

4420 S. HWY 27
STE. 8
CLERMONT, FL 34711

FEI Number: 20-2855118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CYR, ARNOLD D MEMBER
4420 S. HWY 27
STE. 6
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

PARRISH, MARY E MEMBER
4420 S. HWY 27
STE. 8
CLERMONT, FL 34711 US

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: MARY E. PARRISH 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: CYR, ARNOLD D
Address: 4420 S. HWY 27, STE 6
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: KOLB, WILLIAM F
Address: 4420 S. HWY 27, STE 6
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: KOLB, WILLIAM F
Address: 4420 S. HWY 27, STE 8
City-St-Zip: CLERMONT, FL 34711

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: WILLIAM F. KOLB MGRM 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date