

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047536

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** MAP REALTY OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

735 ALMOND STREET  
STE. C  
CLERMONT, FL 34711

**Current Mailing Address:**

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

**New Mailing Address:**

735 ALMOND STREET  
STE. C  
CLERMONT, FL 34711

**FEI Number:** 20-2855118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PARRISH, MARY E MEMBER  
735 ALMOND STREET  
STE C  
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

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** KOLB, WILLIAM F  
**Address:** 735 ALMOND STREET, STE C  
**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

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date