

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-07-2006 90211 018 ****50.00

DOCUMENT # L05000080093

1. Entity Name
MAPLE PROPERTIES LLC



Principal Place of Business
**700 ELEVENTH STREET SOUTH, PH-2
NAPLES, FL 34102-6777**

Mailing Address
**700 ELEVENTH STREET SOUTH, PH-2
NAPLES, FL 34102-6777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3348221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	☐ Delete
MGR	Ficus Group LLC	700 Eleventh Street South, PH-2	Naples, FL 34102	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition

For and on behalf of Ficus Group LLC

11. I hereby certify that the information submitted 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:

CB Morrison - Secretary
Candace B Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE

4.4.06 239.430.4306