

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90050 031 \*\*\*\*50.00

**60005460**



01122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000080093</b>			
1. Entity Name <b>MAPLE PROPERTIES LLC</b>			
Principal Place of Business <b>700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777</b>		Mailing Address <b>700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>4710 15th Ave SW</b> Suite, Apt. #, etc.	
City & State		City & State <b>Naples Fla</b>	
Zip	Country	Zip	Country
<b>34116</b>		<b>34116</b>	<b>Collier</b>
4. FEI Number <b>20-3348221</b>		Applied For <input type="checkbox"/> Additional Fee Required <b>\$5.00</b>	
5. Certificate of Status Desired <input type="checkbox"/>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <b>Candace B. Morrison</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4710 15th Ave. SW</b>	
		City <b>Naples</b>	
		FL <b>34116</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 <i>Candace B. Morrison</i> Signature, typed or printed name of registered agent, or authorized representative (NOTE: Registered Agent signature required when reinstating)		DATE <b>1-15-07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FICUS GROUP LLC 700 ELEVENTH STREET SOUTH, PH 2 NAPLES, FL 34102 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Candace B. Morrison</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <b>1-15-07</b> Daytime Phone #: <b>239-289-6809</b>	