


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90391 001 ***450.00

DOCUMENT # L06000004128	
1. Entity Name MAPLE CREEK, LLC	

Principal Place of Business 1601 JACKSON STREET SUITE 201 FORT MYERS, FL 33901 US	Mailing Address 1601 JACKSON STREET SUITE 201 FORT MYERS, FL 33901 US
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30000968



2. Principal Place of Business - No P.O. Box # 3675 Broadway Street	3. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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02072007 Chg-LLC CR2E083 (12/06)

City & State Fort Myers, Florida	City & State
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4. FEI Number 20-4101638	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MAHER, ROBERT T 1601 JACKSON STREET SUITE 201 FORT MYERS, FL FL	Name Ray Suprenard
	Street Address (P.O. Box Number is Not Acceptable) 3675 Broadway Street
	City Fort Myers FL Zip Code 33901


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  (NOTE: Registered Agent signature required when reinstating) DATE **2/14/07**

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOORE, DAVID A		NAME Ray Suprenard	
STREET ADDRESS 3675 BROADWAY STREET		STREET ADDRESS 3675 Broadway Street	
CITY-ST-ZIP FORT MYERS, FL 33901		CITY-ST-ZIP Fort Myers, Florida 33901	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 **2/14/07** 239-728-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #