


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90116 008 ***138.75

DOCUMENT # L06000004128	
1. Entity Name MAPLE CREEK, LLC	

Principal Place of Business 3675 BROADWAY ST FORT MYERS, FL 33901 US	Mailing Address 1601 JACKSON STREET SUITE 201 FORT MYERS, FL 33901 US
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2. Principal Place of Business - No P.O. Box # 15105-2 Pine Meadows Drive	3. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Fort Myers, Florida	City & State
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Zip 33908	Country USA	Zip	Country
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03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4101638	Applied For <input type="checkbox"/> Not Applicable
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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 SUPRENARD, RAY 3675 BROADWAY ST FORT MYERS, FL 33901	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15105-2 Pine Meadows Drive City Fort Myers FL Zip Code 33908	
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUPRENARD, RAY 3675 BROADWAY ST FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 15105-2 Pine Meadows Drive Fort Myers, Florida 33908 <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
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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:  **3/31/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #