2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# L07000002545

Entity Name: MAPLE STAR INVESTMENTS, LLC

Current Principal Place of Business:

6001-21 ARGYLE FOREST BLVD
SUITE 343
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6001-21 ARGYLE FOREST BLVD
SUITE 343
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-8189061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEYSTONE LAW GROUP, P.L.
1665 KINGSLEY AVENUE
SUITE 108
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DECELLES, STUART
Address: 6001-21 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DECELLES, STUART
Address: 6001-21 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM ( ) Change (X) Addition
Name: DECELLES, BEVERLY
Address: 6001-21 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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: STUART DECELLES MGRM 05/09/2008

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