## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Jan 28, 2008 08:00 AN Secretary of State

Daytime Phone #

	ANNUAL	REPORT			Secretary of St
DOCUMENT # M0000000137					·
1. Entity Name M.A.P. RE	BALTY COMPANY, L.L.C.	•			
Principal Place	e of Business	Mailing Address			
222 GRAND A		222 Grand Avenue Englewood, nj 07631			
ENGLEWOOD,	, NJ U/03 I	ENGLEWOOD, NJ 07031		£ 18818811 111 88151 88111 88111 F8111 88111	
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_	, 			01042008 No Chg-LLC	CR2E083 (12/07)
D	O NOT WRITE	. IN THIS SPA	CE	4. FEI Number	Applied For Not Applicable
				22-3338231	CE OO Addisonal
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent			
	ORATION SYSTEM			DO NOT W	RITE
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				,"大学数量是是 <sup>2</sup> "企业等于100°00°00°00°00°00°00°00°00°00°00°00°00°	
				IN THIS SP	ACE
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	named entity submits this statement folions of registered agent.	or the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE.	Signature, lyped or printed name of registered agent	and title if applicable (NOTE: Registr	ered Agent signature require	id when reinstating)	DATE
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5			
9.	MANAGING MEMB	ERS/MANAGERS	_	L1000000	303058
TITLE NAME	MGR SCHMIDT, PAUL			02/05/08-8	303058 30009-019 138.75
STREET ADDRESS	222 GRAND AVE.				
CITY-ST-ZIP	ENGLEWOOD, NJ 07631				
NAME					
STREET ADDRESS CITY-ST-ZIP					•
TITLE				Marie Carlos	
NAME		- , *•		Partie of the testing of the property of the control of the contro	
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STREET ADDRESS CITY-ST-ZIP	<u>'</u>				
11. I hereby	certify that the information supplied	ith this filing closs not qualify for the	exemptions contain	ned in Chapter 119, Florida Statutes.	1 further certify that the information
indicate limited li	r certify that the information supplied of don this report is true and accurate a lability company or the receiver or the	nd that my sphature shall have the tee empowered to execute this repo	same legal effect as ort as required by C	s if made under cath; that I am a ma hapter 608, Florida Statutes.	anaging member or manager of the