

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 013 *****55.00

DOCUMENT # M00000000550

1. Entity Name
MAPLE COMPANY, L.L.C.



Principal Place of Business
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

Mailing Address
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

14027330



09212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1860126

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLAGG, ROBERT W
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JANSON, CHRISTOPHER P
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *CPA Christopher P. Janson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-22-04

Date

239 344 0090

Daytime Phone #

#108