

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90525 008 ****50.00

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DOCUMENT # M01000001066

1. Entity Name

MAPLE ASSET MANAGEMENT L.L.C.



Principal Place of Business

725 ARIZONA AVE., STE. 400
SANTA MONICA CA 90401

Mailing Address

725 ARIZONA AVE., STE. 400
SANTA MONICA CA 90401

2. Principal Place of Business

2450 COLORADO AVE.

Suite, Apt. #, etc.

SUITE #100 EAST

3. Mailing Address

2450 COLORADO AVE.

Suite, Apt. #, etc.

SUITE #100 EAST

City & State

SANTA MONICA, CA

City & State

SANTA MONICA, CA

Zip

90404

Country

Zip

90404

Country

4. FEI Number

95-4859561

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COAST ASSET MANAGEMENT, LP	
STREET ADDRESS	725 ARIZONA AVE # 400	
CITY-ST-ZIP	SANTA MONICA CA 90401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

Christopher Petitt
CHRISTOPHER PETITT

4/22/03

(310) 576-3500

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

Date

Daytime Phone #

CR2E083 (10/02)