



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90114 011 \*\*\*\*50.00

<b>DOCUMENT # L01000006599</b>					
<b>1. Entity Name</b> A/P, LLC					
<b>Principal Place of Business</b> 1140 SE FORT KING ST. OCALA, FL 34471			<b>Mailing Address</b> 1140 SE FORT KING ST. OCALA, FL 34471		
<b>2. Principal Place of Business</b> 1740 E Silver Springs Blvd		<b>3. Mailing Address</b> 1740 E Silver Springs Blvd		<b>24062690</b>  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> Ocala FL		<b>City &amp; State</b> Ocala FL		<b>4. FEI Number</b> 59-3715187	
Zip 34470		Country MARION		Applied For Not Applicable	
Zip 34470		Country MARION		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PLUNKETT, JOHN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> ALBRIGHT, GEORGE J III <b>STREET ADDRESS</b> 1140 SE FT KING STREET <b>CITY-ST-ZIP</b> OCALA, FL 34471	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> THE SUMMUR, LLC <b>STREET ADDRESS</b> 1740E SILVER SPRINGS BLVD <b>CITY-ST-ZIP</b> OCALA, FL 34470	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>John Plunkett</u>			4-28-04    352-671-4677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		