


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008599
1. Entity Name
A/P, LLC



Principal Place of Business: 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
Mailing Address: 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470

DO NOT WRITE IN THIS SPACE



05162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3715187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PLUNKETT, JOHN
1740 E SILVER SPRINGS BLVD
OCALA, FL 34470

**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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

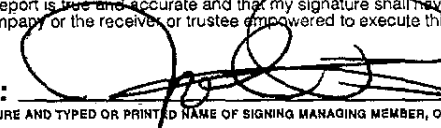
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, GEORGE J III 1140 SE FT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE SUMMUR, LLC 1740E SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/20/05-80003-006 50.00

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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)(f), 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:  John Plunkett 5-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #