2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Daytime Phone #

ANNUAL REPORT				Wiay 20, 2005 06:00	
DOCUMENT # L01000008599 1. Entity Name A/P, LLC				Sec	retary of State
Principal Place of Business Mailing Address 1740 E. SILVER SPRINGS BLVD. 1740 E. SILVER SPRINGS B 0CALA, FL 34470 0CALA, FL 34470		D.			
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				05162005 No Chg-LLC	CR2E083 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-3715187	Applied For Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			4
PLUNKETT, JOHN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470			DO NOT WRITE		
00.121,11				IN THIS SPA	ACE
	named entity submits this statement floors of registered agent.	or the purpose of changing its register	red office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered ager	at and the if applicable. (NOTE Register	ad Agent signature required	s when reinstating)	DATE
Fil Due l	ling Fee is \$50.00 by September 7, 2005				.
9.	MANAGING MEME	ERS/MANAGERS			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, GEORGE J III 1140 SE FT KING STREET OCALA, FL 34471			 !!nooon !!nooon	367731 80003-006 50.0 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE SUMMUR, LLC 1740E SILVER SPRINGS BLVI OCALA, FL 34470)	<u>-</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		STATE OF THE PARTY	DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	Legitify that the information supplied wild on this report is the and accurate anability company or the receives or trust	th this filling does not qualify for the exid that my signature shall have the san ee empowered to execute this teport is	emption stated in Se ne legal effect as if r as required by Chap	ection 119.07(3)(f), Florida Statutes. I funde under oath; that I am a managin ter 608, Florida Statutes.	orther certify that the information g member or manager of the

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

SIGNATURE: