


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000006599  
 1. Entity Name  
 A/P, LLC



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

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 59-3715187      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

U00000524482  
 05/03/06-80115-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALBRIGHT, GEORGE J III
STREET ADDRESS	1140 SE FT KING STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	THE SUMMUR, LLC
STREET ADDRESS	1740E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       4-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #