


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L01000006599
 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
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3715187	Applied For Not Applicable
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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

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 _____

Filing Fee is \$50.00 Due by May 1, 2007

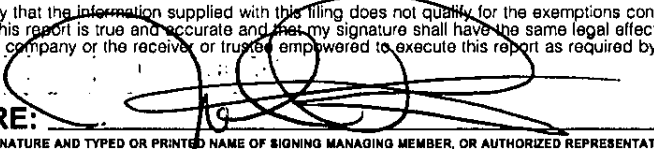
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 05/08/07-80030-018 50.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **(352)**
 4-23-07 671-4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #