


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**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

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC CR2E083 (12/07)

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

0600000856706  
 03/28/08-80022-020 138.75

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	

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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:  John Plunkett 3-10-08 352-671-4677

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