


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003250  
 1. Entity Name  
 APO ANNUITY MANAGER, L.L.C.



Principal Place of Business 101 N. OCEAN DRIVE, #115 HOLLYWOOD, FL 33019	Mailing Address 101 N. OCEAN DRIVE, #115 HOLLYWOOD, FL 33019
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01252005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0596795	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  
 BAUMAN, DAVID M ESQ.  
 C/O BAUMAN & KANNER, P.A.  
 7119 W. BROWARD BLVD.  
 PLANTATION, FL 33317

**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAM ASHLEY LLC 101 N. OCEAN DRIVE, #115 HOLLYWOOD, FL 33019
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U00000200409  
 01/28/05-80025-025 50.00

**DO NOT WRITE 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: Thomas R. Kessler Date: 01/25/05 (954) 921-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

*THOMAS R KESSLER*