

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003250

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: APO ANNUITY MANAGER, L.L.C.

**Current Principal Place of Business:**

101 N. OCEAN DRIVE, #115  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 690785  
MINT HILL, NC 28227

**New Mailing Address:**

FEI Number: 01-0596795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAUMAN, DAVID M ESQ.  
C/O BAUMAN & KANNER, P.A.  
7119 W. BROWARD BLVD.  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAM ASHLEY LLC,  
Address: 101 N. OCEAN DRIVE, #115  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP ( ) Delete  
Name: SCHECHER, RICHARD J JR  
Address: 101 NORTH OCEAN DR SUITE 8  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD J SCHECHER JR

VP

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date