


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000044469 1. Entity Name THE ADVISORS PROPERTY MANAGEMENT GROUP, LLC	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 NOV 10 AM 10:22

Principal Place of Business 901 VENETIA BAY BLVD. STE 350 VENICE, FL 34285	Mailing Address 901 VENETIA BAY BLVD. STE 350 VENICE, FL 34285
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2. Principal Place of Business 2520 N. TAMiami TRAIL Suite, Apt. #, etc.	3. Mailing Address 2520 N. TAMiami TRAIL Suite, Apt. #, etc.
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City & State NOKOMIS, FL	City & State NOKOMIS, FL	4. FEI Number 87-0727964	Applied For <input type="checkbox"/> Not Applicable
Zip 34275	Country	Zip 34275	Country

11072005 Chg-LLC CR2E083 (10/03)
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIDONNA, GARY A 901 VENETIA BAY BLVD. STE 350 VENICE, FL 34285	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2520 N. TAMiami TRAIL City NOKOMIS FL Zip Code 34275
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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 GARY DiDONNA GARY DiDONNA 11/8/05

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

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIDONNA, GARY A 901 VENETIA BAY BLVD. STE 350 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M DiDONNA, GARY 4797 SWEET MEADOW CIRCLE SARASOTA FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ABEL, SCOTTE 7750 SILVER BELL LANE SARASOTA FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: GARY DiDONNA 11/8/05 941-412-1199

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

SIGNATURE: GARY DiDONNA 11/8/05 941-412-1199

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