

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044469

FILED  
Feb 03, 2007  
Secretary of State

Entity Name: THE ADVISORS PROPERTY MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

2520 N TAMIAMI TRAIL  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

2520 N TAMIAMI TRAIL  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 87-0727964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIDONNA, GARY A  
2520 N TAMIAMI TRAIL  
NOKOMIS, FL 34275 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: DIDONNA, GARY A  
Address: 4797 SWEET MEADOW CIRCLE  
City-St-Zip: SARASOTA, FL 34238

Title: M ( ) Delete  
Name: AABEL, SCOTT E  
Address: 7750 SILVER BELL LANE  
City-St-Zip: SARASOTA, FL 34241

Title: M ( ) Delete  
Name: PROTIGAL, JAMES C  
Address: 7380 FEATHERSTONE BLVD  
City-St-Zip: SARASOTA, FL 34238

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

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

Title: M ( ) Change (X) Addition  
Name: GOMES, ANTONIO  
Address: 8858 FISHERMAN'S BAY  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY DIDONNA

MGRM

02/03/2007

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