

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90066 014 \*\*\*\*50.00

**DOCUMENT # L05000063495**

1. Entity Name  
**APOLLO BEACH HOLDINGS, LLC**



Principal Place of Business  
**3001 W. HALLANDALE BEACH BLVD  
 SUITE 300  
 PEMBROKE PARK, FL 33009**

Mailing Address  
**3001 W. HALLANDALE BEACH BLVD  
 SUITE 300  
 PEMBROKE PARK, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**25-1919941**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JAZAYRI, SAM  
 3001 W. HALLANDALE BEACH BLVD  
 SUITE 300  
 PEMBROKE PARK, FL 33009**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM <input type="checkbox"/> Delete
NAME	JAZAYRI, SAM
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD, SUITE 300
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	MGRM <input type="checkbox"/> Delete
NAME	TAVONE, JOHN
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD, SUITE 300
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **SAM JAZAYRI** **3/29/06** **954-981-1154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #