


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 005 ***138.75

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
--	--

DO NOT WRITE IN THIS SPACE

30000000



03252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 25-1919941	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

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

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

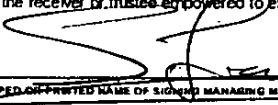
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAZAYRI, SAM 3001 W. HALLANDALE BEACH BLVD, SUITE 300 PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAVONE, JOHN 3001 W. HALLANDALE BEACH BLVD, SUITE 300 PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  3/20/08 957 981 1124

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