

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063884

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** APPLEFIELD WAXMAN MANAGEMENT, LLC

**Current Principal Place of Business:**

2801 PGA BLVD, SUITE 220  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2801 PGA BLVD, SUITE 220  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 68-0610433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAXMAN, BRIAN K  
2801 PGA BLVD, SUITE 220  
PALM BEACH GARDENS, FL 33410 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  
Name: WAXMAN, BRIAN K  
Address: 2801 PGA BLVD, SUITE 220  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM  
Name: APPLEFIELD, PETER J  
Address: 2801 PGA BLVD, SUITE 220  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM  
Name: LIBERTY, MALI  
Address: 2801 PGA BLVD, SUITE 220  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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: PETER J APPLEFIELD

MGRM

03/18/2010

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