

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026181

Entity Name: APEN BUSINESS. LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4901 VINELAND ROAD
SUITE 270
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4901 VINELAND ROAD
SUITE 270
ORLANDO, FL 32811

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SENIOR, MIGUEL
4901 VINELAND ROAD
SUITE 270
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

SEMAGO INVESTMENT, INC.
4901 VINELAND ROAD
SUITE 270
ORLANDO, FL 32811 US

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: MIGUEL SENIOR

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESCOBAR, EFREN
Address: 4901 VINELAND ROAD, SUITE 270
City-St-Zip: ORLANDO, FL 32811

Title: MGRM () Delete
Name: ESCOBAR, RICARDO
Address: 4901 VINELAND ROAD, SUITE 270
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESCOBAR, EFREN
Address: 4901 VINELAND ROAD, SUITE 270
City-St-Zip: ORLANDO, FL 32811

Title: MGR (X) Change () Addition
Name: ESCOBAR, RICARDO
Address: 4901 VINELAND ROAD, SUITE 270
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify 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: EFREN ESCOBAR

MGR

04/30/2009

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