


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90062 005 \*\*\*143.75

<b>DOCUMENT # L01000013850</b> 1. Entity Name <b>A AND P, LLC</b>					
Principal Place of Business <b>6041 SW 73RD ST RD OCALA, FL 34476</b>			Mailing Address <b>P O BOX 3128 OCALA, FL 34478</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>31-0627512</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MANORAMA, BAPATLA 3675 SW 57TH CT OCALA, FL 34474</b>				7. Name and Address of New Registered Agent Name <b>Manorama Bapatla</b> Street Address (P.O. Box Number is Not Acceptable) <b>6935 SE 14th Ct.</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34480</b>	
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 <u>Manorama B</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAPATLA, MANORAMA 3675 SW 57TH CT OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bapatla, Manorama 6935 S.E. 14th Ct. Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAPATLA, AMRUTH 3075 SW 57TH CT OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bapatla, Amruth 6935 SE 14th Ct. Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFREDSENDER, PERINBANAYAGAM 2917 SE 27TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFRED, LILIAN 2917 SE 27TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Manorama B</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>2-11-08</b> <small>Date</small>		
			<small>Daytime Phone #</small>		

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