2005 LIMITED LIABILITY COMPANY ANNUAL REPORT: (AR)

Mar 22, 2005 8:00 am DOCUMENT # L00000008490 Secretary of State 03-22-2005 90184 009 ****50.00 FLORIDA APPLE 1, L.L.C. Mailing Address Principal Place of Business 3700 STATE STREET, SUITE 200 SANTA BARBARA CA 93105 3700 STATE STREET, SUITE 200 SANTA BARBARA CA 93105 20023713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number 65-1028347 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AVIS, WARREN E JR. Street Address (P.O. Box Number is Not Acceptable) AVIS & AVIS, P.A. 125 WORTH AVENUE, SUITE 203 PALM BEACH FL 33480 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS / MANAGERS 10. 9. TITLE Cô-Mgr Change ☐ Addition TITLE MGRM ☐ Delete GEORGAS, GREGORY NAME NAME **Gregory Georgas** STREET ADDRESS STREET ADDRESS 125 WORTH AVENUE, SUITE 203 125 Worth Avenue, Suite 203 Palm Beach, FL 33480 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Co-Mgr ☐ Delete Change ★ Addition William Georgas NAME NAME STREET ADDRESS 3 Manhattanville Road, Suite 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Purchase, NY 10577 TITLE " Delete _ . TITLE ___ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRE NTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Gregory Georgas

02-23-05

FILED

(561) 659-0200