

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90358 018 ****50.00

DOCUMENT # L00000015945

1. Entity Name
APEX-ACME, LLC



Principal Place of Business
6907 SOUTHERN BLVD.
WEST PALM BEACH, FL 33413-1629

Mailing Address
6907 SOUTHERN BLVD.
WEST PALM BEACH, FL 33413-1629

DO NOT WRITE IN THIS SPACE



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1076139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
250 AUSTRALIAN AVE. SOUTH
SUITE 1601
WEST PALM BEACH, FL 33401

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MURPHY, HAROLD G
STREET ADDRESS	6907 SOUTHERN BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 334131629

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Harold G. Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-04

Date

561-662-0025

Daytime Phone #