

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000016133**1. Entity Name  
A.P.R., LLC

Principal Place of Business	Mailing Address
371 VERCLIFF COURT	371 VERCLIFF COURT
OVIEDO FL 32765	OVIEDO FL 32765

2. Principal Place of Business	3. Mailing Address
371 VERACLIFF COURT	371 VERACLIFF COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
OVIEDO FL	OVIEDO FL
Zip	Country
32765	

4. FEI Number	Applied For
59-3690040	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
FRIEBIS DANIEL S	
3890 TURTLE CREEK DRIVE, SUITE B-1	
PORT ORANGE	FL
32127	US

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.

SIGNATURE \_\_\_\_\_ DATE **08/15/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	LACY-CLAIR ANN M
STREET ADDRESS	371 VERACLIFF COURT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	MGRM <input type="checkbox"/> Delete
NAME	CLAIR DAVID L
STREET ADDRESS	371 VERACLIFF COURT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **David L. Clair** MGRM 08/15/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)