

FILED
Jan 20, 2004 08:00 AM
Secretary of State

1. Entity Name
APISDORF RESIDENTIAL, LLC



Mailing Address
3844 PRAIRIE DUNES DRIVE
SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE



CR2E083 (10/03)

Applied For
Not Applicable

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

HUEBNER, THOMAS
3844 PRAIRIE DUNES DRIVE
SARASOTA, FL 34238

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 reinsulating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUEBNER, THOMAS
STREET ADDRESS	3844 PRAIRIE DUNES DRIVE
CITY - ST - ZIP	SARASOTA, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/20/04-80075-018 50.00

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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:

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

Dat

Daytime Phone #