


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90187 010 ****50.00

DOCUMENT # L01000001851	
1. Entity Name APISDORF RESIDENTIAL, LLC	

Principal Place of Business 3844 PRAIRIE DUNES DRIVE SARASOTA, FL 34238	Mailing Address 3844 PRAIRIE DUNES DRIVE SARASOTA, FL 34238
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20002665

2. Principal Place of Business 711 JACARANDA BLVD Suite, Apt. #, etc.	3. Mailing Address 711 JACARANDA BLVD Suite, Apt. #, etc.
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City & State VENICE FL	City & State VENICE FL
Zip FL 34292	Country USA
Zip 34292	Country USA

01042005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HUEBNER, THOMAS 3844 PRAIRIE DUNES DRIVE SARASOTA, FL 34238	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 711 JACARANDA BLVD City VENICE FL Zip Code 34292	

4. FEI Number
65-1081708

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 Thomas F. Huebner DATE 1-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUEBNER, THOMAS 3844 PRAIRIE DUNES DRIVE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	711 JACARANDA BLVD VENICE FL 34292 <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
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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 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: Thomas F. Huebner DATE 1-11-05 DAYTIME PHONE # 941-485 9550

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