2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002857

t. Entity Name APRIL, LLC



Principal Place of Business

5650 NW 115 CT. #208 MIAMI, FL 33178 Mailing Address

5650 NW 115 CT. #208 MIAMI, FL 33178

FILED Apr 06, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03132004 No Chg-LLC

CR2E083 (10/03)

4. FE! Number 65-1079814 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

MAZZIOTTA, MELINDA B 15645 COLLINS AVE SUITE 603 MIAMI, FL 33160

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 The above named e the obligations of re 		for the purpose of changing its registered office or re	agistered agent, or both, in the State of Florida	I am tamiliar with, and accept
RIGNATURE	-	-		-

(NOTE: Registered Agent signature required when reinstating)

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

U00000104512 04/06/04-80015-001 150.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MAZZIOTTA, MELBA B
STREET ADORESS	
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	LOMENA, CARLOS R
STREET ADDRESS	5650 NW 115 CT. #208
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CNTY-ST-Z8P	
TITLE	
NAME	
STREET ADDRESS	
מודע ביד זים עדוי)

Signature, typed or printed name of registered agent and title if applicable

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 808, Florida Statutes.

CARLOS R. LOMENA.

SIGNATURE:

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

03/18/04

Daylme Phone #