


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002857 1. Entity Name APRIL, LLC	
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Principal Place of Business 5650 NW 115 CT. #208 MIAMI, FL 33178	Mailing Address 5650 NW 115 CT. #208 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1079814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAZZIOTTA, MELINDA B 15645 COLLINS AVE SUITE 603 MIAMI, FL 33160	DO NOT WRITE IN THIS SPACE
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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

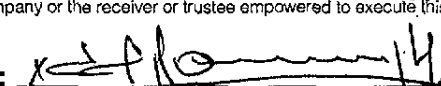
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MAZZIOTTA, MELBA B 5650 NW 115 CT. #208 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LOMENA, CARLOS R 5650 NW 115 CT. #208 MIAMI, FL 33178
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04/15/05-80089-007 150.00

**DO NOT WRITE
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)(c), 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:  **04-05-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #