

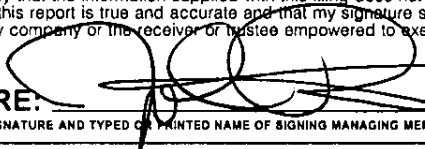


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006599</b>			
1. Entity Name A/P, LLC			
Principal Place of Business 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470		Mailing Address 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03102008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 59-3715187	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  PLUNKETT, JOHN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
0000000856706 03/28/08-80022-020 138.75			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBRIGHT, GEORGE J III 1140 SE FT KING STREET OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE SUMMUR, LLC 1740E SILVER SPRINGS BLVD OCALA, FL 34470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		John Plunkett 3-10-08 352-671-4677	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	