

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90064 011 ****50.00

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DOCUMENT # L01000014260

1. Entity Name

APPLE GROUP, L.L.C.



Principal Place of Business

Mailing Address

3601 TURTLE RUN BLVD., STE. 515
CORAL SPRINGS FL 33067

P.O. BOX 670085
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

3847 Turtle Run Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2413

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33067

Browards

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Henry Schoenwetter

9/16/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SCHOENWETTER, HENRY
STREET ADDRESS P.O. BOX 670085
CITY-ST-ZIP CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGR
NAME TAFFE, WILLIAM
STREET ADDRESS P.O. BOX 670085
CITY-ST-ZIP CORAL SPRINGS FL 33067

☒ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE OF REGISTERED AGENT

9/16/03

954-757-2474

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

Date

Daytime Phone #

CR2E083 (4/03)