


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021521 1. Entity Name APPLEWOOD DRIVE, L.L.C.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 735 INDUSTRY RD., SUITE 109 LONGWOOD, FL 32750	Mailing Address 735 INDUSTRY RD., SUITE 109 LONGWOOD, FL 32750
----------------------------------------------------------------------------------	----------------------------------------------------------------------



02202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0011898	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 KINNEY, DIANNE M. 219 COPPER OAK CT APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRANT, KINGSLEY E 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRANT, EMILY M 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM GRANT, KINGSLEY E 240 SPANISH OAK TRAIL LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000505199
04/26/06-80108-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  - MGAM

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

4/19/06 407-383-0954

Date

Daytime Phone #