


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021944</b> 1. Entity Name <b>A &amp; P ENTERPRISES LLC</b>	
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Principal Place of Business <b>14190 82ND AVENUE NORTH SEMINOLE, FL 33776 US</b>	Mailing Address <b>14190 82ND AVENUE NORTH SEMINOLE, FL 33776 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

**SCHEMBARI, ALDO  
14190 82ND AVENUE NORTH  
SEMINOLE, FL 33776**

**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 re-instating)

DATE \_\_\_\_\_

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHEMBARI, PATRICIA M 14190 82ND AVENUE NORTH SEMINOLE, FL 33776</b>
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01/10/05-80082-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **ALDO SCHEMBARI** 1-7-05 (727) 278-6112

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