


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90480 044 \*\*\*\*50.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L02000003250</b>                |  |  |
| 1. Entity Name<br>APO ANNUITY MANAGER, L.L.C. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>101 N. OCEAN DRIVE, #115<br>HOLLYWOOD, FL 33019 | Mailing Address<br>101 N. OCEAN DRIVE, #115<br>HOLLYWOOD, FL 33019 |
|--|--|

|  |                                       |
|--|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br>P.O. Box 690785 |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                   |
| City & State                                   | City & State<br>MINT HILL NC          |
| Zip  | Country<br>USA                        |



01192007 Chg-LLC CR2E083 (12/06)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>01-0596795   |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent<br>BAUMAN, DAVID M ESQ.<br>C/O BAUMAN & KANNER, P.A.<br>7119 W. BROWARD BLVD.<br>PLANTATION, FL 33317 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SAM ASHLEY LLC<br>101 N. OCEAN DRIVE, #115<br>HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:**

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

RICHARD J. SCHECHER

Date

Daytime Phone #

04/22/07 (704) 724-5034