

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003250**

1. Entity Name

APO ANNUITY MANAGER, L.L.C.



Principal Place of Business

101 N. OCEAN DRIVE, #115  
HOLLYWOOD, FL 33019

Mailing Address

PO BOX 690785  
MINT HILL, NC 28227



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0596795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M ESQ.  
C/O BAUMAN & KANNER, P.A.  
7119 W. BROWARD BLVD.  
PLANTATION, FL 33317

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAM ASHLEY LLC
STREET ADDRESS	101 N. OCEAN DRIVE, #115
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	VP
NAME	SCHECHER, RICHARD J JR
STREET ADDRESS	101 NORTH OCEAN DR SUITE 8
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000788886  
01/22/08-80003-013 138.75

**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:** \_\_\_\_\_

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

*RS Schecher Jr*

Date

01/07/08 (704) 724-5034

Daytime Phone #