


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90276 019 ****50.00

DOCUMENT # L02000003533	
1. Entity Name A & P, LIMITED LIABILITY COMPANY	

Principal Place of Business 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134
---	---

2. Principal Place of Business 3630 JUSTISON RD.	3. Mailing Address PO BOX 145396
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State CORAL GABLES, FL.
-----------------------------------	--

Zip 33133	Country USA	Zip 33114-5396	Country USA
---------------------	-----------------------	--------------------------	-----------------------

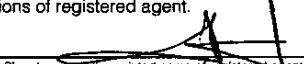


04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0458367	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

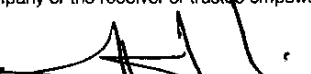
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PORTELA, RAMON 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name PORTELA, RAMON Street Address (P.O. Box Number is Not Acceptable) 3630 JUSTISON RD. City MIAMI FL 33133
--	---

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  - RAMON PORTELA	DATE 4-6-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTELA, RAMON 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTELA, RAMON 3630 JUSTISON RD. MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEMAN, HUMBERTO 717 PONCE DE LEON BLVD., SUITE 230 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIANA PORTELA 3630 JUSTISON RD MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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  - RAMON PORTELA	4/6/05 305-740-0962