2005 LIMITED LIABILITY COMPANY

FILED Apr 11, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT			
DOCUMENT # L02000014119				Secreta	ary of State
1. Entity Narr	në		AT A Z		
AMERICAN PRIDE ENTERPRISES, L.L.C.					
			100		
,	ce of Business	Mailing Address			• ••
	I WILSON BLVD. Y, FL 34668	8210 GALEN WILSON BLVD. Port Richey, Fl. 34668			
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DO NOT WRITE IN THIS SPA			CE	4. FEI Number	Applied For
				81-05 <u>5</u> 7549	Not Applicable \$5.00 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent			. " "
PIANO, DOMINIC 8210 GALEN WILSON BLVD. PORT RICHEY, FL 34668				DO NOT WRIT	TE
			IN THIS SPACE		
1			ł		
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida, 1	am familiar with, and accept
แด อาเมือ	nons damagistered again.	· //_		4/5/01	_
SIGNATURĖ.	Signature, typed or printed name of registered agent a	nd title if applicable [NOTE Registere	ed Agent signature required	if when reinstating) DA	ATE.
		<u> </u>	 		
D	iling Fee is \$ 50.00 ue by May 1, 2005				
9.	MANAGING MEMBE	S/MANACERS	· · · · · · · · · · · · · · · · · · ·	Commercial Control Con	
TITLE	MGRM	10/11/10/10/10/10/10/10/10/10/10/10/10/1	 -	<u></u>	775 1
NAME	PIANO, DOMINIC			U000002993 04/11/05-8011	U-015
STREET ADDRESS CITY-ST-ZIP	8210 GALEN WILSON BLVD. PORT RICHEY, FL 34668			- 11 x 21 00 00 1	o ore on.go
TITLE	MGRM		1	·	
NAME	PIANO, ANGELINA				
STREET ADDRESS CITY-ST-ZIP	8210 GALEN WILSON BLVD. PORT RICHEY, FL 34668				
TITLE	MGRM		1		
NAME	TEELON, CHARLES	, +=			
STREET ADDRESS CITY-5T-ZIP	3032 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL			DO NOT WRI	TF
TITLE	DATIONA BEAGN, LE		1		
NAME				IN THIS SPAC	JE.
STREET ADDRESS					
CITY-ST-ZIP			-		
TITLE NAME					
STREET ADDRESS				£	
CITY-ST-ZIP			.	· · · <u>=</u>	
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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 of 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

NAME STREET ADDRESS CITY-ST-ZIP

4/7/05

Daytime Phone #