


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 023 \*\*\*\*55.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L02000014305</b><br>1. Entity Name<br>AP & B HOLDINGS LLC   |  |  |   |   |  |
| Principal Place of Business<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133  |  |  | Mailing Address<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133          |  |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   |  | Country  |   | Zip  |  |
| Country   |  | Country  |   | 4. FEI Number<br>03-0448708  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>AMUCHASTEGUI, RAFAEL<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133  |  |  |   | 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 reconstituting) DATE _____  |  |  |   |  |  |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |  | Make check payable to<br>Florida Department of State |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>AMUCHASTEGUI, RAFAEL<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | MGR<br>Ricardo Bruna<br>3551 Crystal Court<br>Miami, FL 33133     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>HERNANDEZ, DANIEL R<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133      | 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  | MGR<br>GASPARINI, JUDITH A<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133      | 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  | MGR<br>ALLENDE POSSE, SANTIAGO<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133  | 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  | MGR<br>ALLENDE POSSE, LUCAS I<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133   | 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  | MGR<br>ALLENDE POSSE, ESTEBAN J<br>3551 CRYSTAL COURT<br>MIAMI, FL 33133 | 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 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 _____<br>SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date _____ Daytime Phone # _____                                  |  |  |