


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017376</b> 1. Entity Name A.P.W. PROPERTIES, L.L.C.	
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Principal Place of Business 1631 N.E. 5TH STREET FORT LAUDERDALE, FL 33301	Mailing Address 1631 N.E. 5TH STREET FORT LAUDERDALE, FL 33301
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**DO NOT WRITE IN THIS SPACE**



01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0034701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ABRAMS, SCOTT W 1631 N.E. 5TH STREET FORT LAUDERDALE, FL 33301
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**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, SCOTT W 1631 N.E. 5TH STREET FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLKOV, SANDRA 1631 N.E. 5TH STREET FORT LAUDERDALE, FL 33301
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01/25/05-80094-003 50.00

**DO NOT WRITE  
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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)(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:** Scott Abrams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_