

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007001

Entity Name: APOLO ONE LLC

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

19370 COLLINS AVE  
1125  
SUNNY ISLES BEACH, FL 33160 US

## Current Mailing Address:

19370 COLLINS AVE  
1125  
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 42-1578290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AFLALO, ITSHAK  
19370 COLLINS AVE  
1627  
SUNNY ISLES BEACH, FL 33160 US

## New Principal Place of Business:

19380 COLLINS AVE  
1610  
SUNNY ISLES BEACH, FL 33160 US

## New Mailing Address:

19380 COLLINS AVE  
1610  
SUNNY ISLES BEACH, FL 33160 US

## Name and Address of New Registered Agent:

AFLALO, ITSHAK  
19380 COLLINS AVE  
1610  
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: ITSHAK AFLALO

02/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AFLALO, ITSHAK  
Address: 19370 COLLINS AVE SUITE 1125  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AFLALO, ITSHAK  
Address: 19380 COLLINS AVE SUITE 1610  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ITSHAK AFLALO

MGRM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date