

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000008155

1. Entity Name
AP1305CA FLORIDA LLC



Principal Place of Business
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

Mailing Address
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0679832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZABARDI, PATRICIA
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

**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
MGR
DE ZABARDI, PATRICIA L
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZABARDI, ANDREA
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000327307
04/25/05-80031-023 50.00

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IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Patricia L. Zabardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05
Date

Daytime Phone #