

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90043 029 \*\*\*\*50.00

**DOCUMENT # L03000011103**

1. Entity Name  
A.P.H.R. LLC



Principal Place of Business  
3314 CANOE CREEK ROAD  
SAINT CLOUD, FL 34772 US

Mailing Address  
3314 CANOE CREEK ROAD  
SAINT CLOUD, FL 34772 US

60016144



2. Principal Place of Business  
37 N Orange Ave  
Suite, Apt. #, etc.  
Suite 500

3. Mailing Address  
37 N Orange Ave  
Suite, Apt. #, etc.  
Suite 500

City & State  
Orlando FL

City & State  
Orlando FL

02232005 Chg-LLC CR2E083 (10/03)

Zip Country  
32801 USA

Zip Country  
32801 USA

4. FEI Number  
75-3108649

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CULMONE, FRANK A  
1401 CATHERINE STREET  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Frank Culmone

Street Address (P.O. Box Number is Not Acceptable)

37 N Orange Ave Suite 500

City Orlando FL Zip Code 32801

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 *Frank Culmone* Frank Culmone

2-23-05

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CULMONE, FRANK A  
STREET ADDRESS 1401 CATHERINE STREET  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE MGRM ☒ Delete  
NAME CULMONE, NICOLE A  
STREET ADDRESS 1401 CATHERINE STREET  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME 37 N Orange Ave Suite 500  
STREET ADDRESS Orlando - FL - 32801  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Frank Culmone* Frank Culmone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-23-05 407-926-4029  
Date Daytime Phone #