


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 014 ****50.00

DOCUMENT # L03000011516 1. Entity Name A P ENTERPRISES, LLC					
Principal Place of Business 3280 FAIRLANE FARMS ROAD WELLINGTON, FL 33414			Mailing Address 398 ESSEX ST BEVERLY, MA 01915		
2. Principal Place of Business 11811 U.S. Highway one Suite, Apt. #, etc. Suite 101		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
City & State North Palm Beach FL		City & State Zip Country		4. FEI Number 01-0771061	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DOORLY, ADAM P 3280 FAIRLANE FARMS ROAD WELLINGTON, FL 33414					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11811 U.S. Highway one Suite 101 City North Palm Beach FL					
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 <u>Adam Doorly</u> DATE <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOORLY, JOHN F 398 ESSEX ST BEVERLY, MA 01915	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: <u>John Doorly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/9/06</u> Daytime Phone # <u>978-921-0452</u>	