


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90129 021 \*\*\*\*50.00

DOCUMENT # L03000013266	
1. Entity Name APPD ASSOCIATES, L.L.C.	

Principal Place of Business 3860 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address 3860 SHERIDAN STREET HOLLYWOOD, FL 33021
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2. Principal Place of Business 7369 SHERIDAN ST Suite, Apt. #, etc. # 201	3. Mailing Address 7369 SHERIDAN ST Suite, Apt. #, etc. # 201
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City & State Hollywood, FL	City & State Hollywood, FL
Zip 33024	Country USA



08162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0478300	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PACKAR, JACK B ESQ 4700-J SHERIDAN STREET HOLLYWOOD, FL 33021
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7. Name and Address of New Registered Agent Name BRUCE BRUNT Street Address (P.O. Box Number is Not Acceptable) 7369 SHERIDAN ST # 201 City Hollywood FL Zip Code 33024
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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 <i>Bruce A. Brunt</i> BRUCE A. BRUNT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	August 18, 2006 DATE
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Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, PHILLIP 7369 SHERIDAN ST. #201 HOLLYWOOD, FL 33024 <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	MGRM DEAN, PHYLLIS M 7369 SHERIDAN ST. #201 HOLLYWOOD, FL 33024 <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	MGRM DEAN, ARTHUR 7369 SHERIDAN ST. #201 HOLLYWOOD, FL 33024 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Phillip Dean</i> PHILLIP DEAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	8/18/06 954 981 7940 Date Daytime Phone #