2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L03000036876

Entity Name: APR, LLC

Current Principal Place of Business:

13901 SUTTON PARK DR., STE. 330
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13901 SUTTON PARK DR., STE. 330
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 75-3136852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, LAURENCE
13901 SUTTON PARK DR., STE. 330
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	ANDERSON, LAURENCE	
Address:	13901 SUTTON PARK DR., STE. 330	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	COO	( ) Delete
Name:	CAMPION, JOHN	
Address:	13901 SUTTON PARK DR., STE. 330	
City-St-Zip:	JACKSONVILLE, FL 32224 US	
Title:	CFO	( ) Delete
Name:	BERTE, KEITH	
Address:	13901 SUTTON PARK DR., STE. 330	
City-St-Zip:	JACKSONVILLE, FL 32224 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: R KEITH BERTE CFO 01/10/2006

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