

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000036876

FILED
Oct 29, 2008
Secretary of State**Entity Name:** APR, LLC**Current Principal Place of Business:**10416 ALTA DR.
JACKSONVILLE, FL 322262302**New Principal Place of Business:****Current Mailing Address:**10416 ALTA DR.
JACKSONVILLE, FL 322262302**New Mailing Address:****FEI Number:** 75-3136852**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON, LAURENCE
110416 ALTA DRIVE
JACKSONVILLE, FL 322262302 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: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262302 US

Title: COO (X) Delete
Name: CAMPION, JOHN
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262302 US

Title: CFO () Delete
Name: UDELL, ROBERT
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262302 US

ADDITIONS/CHANGES:

Title: P/S (X) Change () Addition
Name: CAMPION, JOHN
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262302 US

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 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: ROBERT UDELL

CFO

10/29/2008

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