

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L03000042404 1. Entity Name APL PROPERTIES, L.L.C.					
Principal Place of Business 920 37TH PLACE VERO BEACH, FL 32960			Mailing Address 920 37TH PLACE VERO BEACH, FL 32960		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 505 Beachland Blvd Suite, Apt. #, etc. Box 273			
City & State Zip		City & State VERO BEACH FL Zip 32963		4. FEI Number 56-2417688	
Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HAFNER, TROY B ESQ. 979 BEACHLAND BLVD. VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Troy Hafner 11/4/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME MGRM STREET ADDRESS ANDREW C. LEAVITT CITY-ST-ZIP CACHE CAY DRIVE VERO BEACH FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 700042631697 11/10/04--01027--001 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: Andrew C. Leavitt 11/4/04 (772) 978-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					