


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001199 1. Entity Name AMERICAN PROPERTIES OF NORTH CAROLINA, LLC	
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Principal Place of Business 109 COMMERCE ST, STE 1101 LAKE MARY, FL 32746	Mailing Address 2801 WEST AIRPORT BLVD SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0537235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR
320 W. SABAL PALM PLACE, STE 300
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARTON, HOWARD C 2801 WEST AIRPORT BLVD SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELLO RUSSO, ROBERT G 109 COMMERCE ST, STE 1101 LAKE MARY, FL 32746
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03/09/06 00052-012 150.00

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____