


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90278 046 ****50.00

DOCUMENT # L04000020494	
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1. Entity Name
AAPCON, L.L.C.

Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134
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20060320



2. Principal Place of Business 3630 JUSTISON RD.	3. Mailing Address P.O. BOX 145396
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04062005 Chg-LLC CR2E083 (10/03)

City & State MIAMI, FL	City & State CORAL GABLES, FL
Zip 33133	Zip 33114-5396
Country USA	Country USA

4. FEI Number 20-0887631	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMAN, EVELIO
717 PONCE DE LEON BLVD. SUITE 230
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name PORTELA, RAMON
Street Address (P.O. Box Number is Not Acceptable) 3630 JUSTISON RD.
City MIAMI
FL
Zip Code 33133

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  RAMON PORTELA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4-6-05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEMAN, EVELIO 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEMAN, HUMBERTO 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTELA, RAMON 717 PONCE DE LEON BLVD. SUITE 230 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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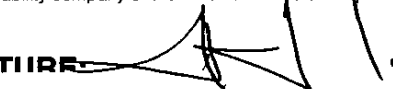
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTELA, RAMON 3630 JUSTISON RD. MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTELA, ADRIANA 3630 JUSTISON RD. MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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  RAMON PORTELA 4/6/05 305-740-0962