

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020494

Entity Name: AAPCON, L.L.C.

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

3630 JUSTISON RD
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

P O BOX 145396
MIAMI, FL 33114

New Mailing Address:

FEI Number: 20-0887631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTELA, RAMON
3630 JUSTISON RD
MIAMI, FL 33133 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: MGR () Delete
Name: ALEMAN, HUMBERTO
Address: 717 PONCE DE LEON BLVD. SUITE 230
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PORTELA, ADDRIANA
Address: 3630 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Delete
Name: PORTELLA, RAMON
Address: 3630 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PORTELA, RAMON
Address: 3630 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Change () Addition
Name: PORTELA, ADRIANA
Address: 3630 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

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: RAMON PORTELA

MGR

02/27/2006

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