



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 038 ***138.75

DOCUMENT # L04000022463			
1. Entity Name THE SHOPPES AT THE APPEX, LLC			
Principal Place of Business 130 WHITAKER ROAD, SUITE A LUTZ, FL 33549		Mailing Address 130 WHITAKER ROAD, SUITE A LUTZ, FL 33549	
2. Principal Place of Business - No P.O. Box # 21010 S.R. 54		3. Mailing Address P.O. Box 605	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33558	Country USA	Zip 33548	Country USA
8. Name and Address of Current Registered Agent KHOYI, DARA 130 WHITAKER ROAD, SUITE A LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21010 S.R. 54 City LUTZ, FL FL Zip Code 33558	
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 Kenneth A. Jones		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, KENNETH A 130 WHITAKER ROAD SUITE A LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21010 S.R. 54 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHOYI, DARA 130 WHITAKER ROAD SUITE A LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21010 S.R. 54 LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANBOBBER, GREG 132 WHITAKER RD STE A LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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03082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0102582

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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: *Kenneth A. Jones* **Kenneth A. Jones** **4/18/08** **813-909-0909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #