

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033803

Entity Name
**AMERICAN PROFESSIONAL PROPERTY MANAGEMENT,
LLC**



Principal Place of Business
**7243 MARSH TERRACE
PORT ST. LUCIE, FL 34986**

Mailing Address
**7243 MARSH TERRACE
PORT ST. LUCIE, FL 34986**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZENSEN, THOMAS J
7243 MARSH TERRACE
PORT ST. LUCIE, FL 34986**

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

U000003398211
01/30/06-80084-019 \$0.00

MANAGING MEMBERS/MANAGERS

NAME
MGRM
ZENSEN, THOMAS J
HOME ADDRESS
7243 MARSH TERRACE
CITY-STATE-ZIP
PORT ST. LUCIE, FL 34986

NAME
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HOME ADDRESS
CITY-STATE-ZIP

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HOME ADDRESS
CITY-STATE-ZIP

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I, 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:

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

Date

Daytime Phone #

Thomas J ZENSEN 1/18/06 772-828-0183