

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059379

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: APACONST LLC

**Current Principal Place of Business:**

2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US

**New Mailing Address:**

FEI Number: 20-1575517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLSON, ANTHONY E  
2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MULLER, TOMAS  
Address: SPOLECNA 4/2212  
City-St-Zip: PRAGUE, -- 18000 CZ

Title: MGRM ( ) Delete  
Name: SESTAK, JIRI  
Address: BRECHTOVA 779/6  
City-St-Zip: PRAGUE, -- 14900 CZ

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Section 119.07(3)(i), 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: TOMAS MULLER

MGRM

04/15/2005

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