2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 28, 2005 8:00 am Secretary of State 02-17-2005 90099 001 ****50.00

DOCUMENT # L0400060097

1. Entity Name

1. Entry Name				E. 1406				
APOLLO VENTURES, LLC			16	建筑工业 国				
			'					
Principal Place		Mailing Address	Mailing Address			300026	X4	
625 COURT STREET STE. 200		625 COURT STREET STE. 200			300040	100		
CLEARWATER FL 33756 CLEARWATER FL 33756			56	ì				
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Principal Place of Business								TII A I H
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		1et M	IOORE C	R2E083 (10/04)		
				131 196	DONE C	.nzeus (10/04)		
City & State		City & State		4. FEI Number	Number Applied For			
								t Applicable
Zip Country		Zip Coun		y 5. Certificate of Status 0		Status Desired	□ \$5.00 Add	
		<u> </u>					Fee Hequire	đ
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. Name and Ad	dress of New Regi	stered Agent	
			Name * -		The second of th			
FOLEY, MICHAEL C				Street Address (F	O. Box Number i	s Not Acceptable)		
	COURT STREET STE. 200 ARWATER FL 33756		oxdot	·			_	
CLE	ARVVATER FE 33730							
			<u> </u>	City			Zip Code	· · · · · · · · · · · · · · · · · · ·
			L				FL	
	named entity submits this statement for ions of registered eyent.	the purpose of changing its	registered	office or register	ed agent, or both, i	in the State of Florid	a. I am familiar with,	and accept
une obligat	ions or registered agent.	(
SIGNATURE .	Signature, typed or prints have of registered agent a	A SUCCESSION OF THE PROPERTY O	<u> </u>	gent signeture required		7//	<i>-110</i> 5	
	Spinion, types or prints in a rest register agent				r siza adizeta		<i>F</i>	·
•		FILE N	OW!!!ZFE	E IS \$50.00				
		Make Check Payab			t of State			
		Du Salah	e By May	1, 2005				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CH	ANGES	
TITLE	MGR	Delete .	TITLE			<u> </u>	☐ Change	Addition
NAME .	ANDERSON, JOHN C		NAME					
STREET ADDRESS	625 COURT STREET STE. 200		STREET	NODRESS				
CIY-SI-ZP	CLEARWATER FL 33756		alv-st	· Z#P				
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NAME	[NAME	· 1				
STREET ADDRESS	Î		STREET					•
CITY-ST-ZIP	<u> </u>		aiy-si	-71P				
11. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemp	otion stated in So	ction 119.07(3)(i),	Florida Statutes, I fur	rther certify that the in	formation
limited lia	on this report is true and accurate and bitity company or the receiver or trustee	empowered to execute this	sabou as te	ryal ellect as it m equired by Chapt	er 608, Florida Sta	សេ ខេតា ឧ managthg futes. /	member or manage	101 UNS

NATURE:
SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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