

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071908

Entity Name: AP FINANCIAL GROUP, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

2799 NW 2ND AVE
SUITE #102
BOCA RATON, FL 33431 US

Current Mailing Address:

533 SW 15TH ROAD
BOCA RATON, FL 33432 US

New Principal Place of Business:

2701 NW BOCA RATON BLVD
SUITE #102
BOCA RATON, FL 33431 US

New Mailing Address:

2701 NW BOCA RATON BLVD
SUITE #102
BOCA RATON, FL 33431 US

FEI Number: 77-0650862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILSEN, BREE
533 SW 15TH ROAD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

NEILSEN, BREE
2701 NW BOCA RATON BLVD.
SUITE #102
BOCA RATON, FL 33431 US

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: BREE NIELSEN

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ASCHENDORF, MATTHEW J II
Address: 251 NE 28TH ROAD
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: PEPITONE, MORGAN L
Address: 533 SW 15TH ROAD
City-St-Zip: BOCA RATON, FL 33432 US

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: MORGAN PEPITONE

MGRM

04/28/2005

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