


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081265 1. Entity Name APARTMAX LLC					
Principal Place of Business 4005 WEST ANGELES STREET TAMPA FL 33629 US		Mailing Address 4005 WEST ANGELES STREET TAMPA FL 33629 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip Country		Zip Country		4. FEI Number 20-1883972	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, RICHARD E 4005 WEST ANGELES STREET TAMPA FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006		
			1100000414786 02/11/06-80048-023 50.00		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, RICHARD E 4005 WEST ANGELES STREET TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DEBORAH D 4005 WEST ANGELES STREET TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RICHARD E. SMITH <i>Richard E. Smith</i>		1/24/06		813-258-62	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

