2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# L05000008410

Entity Name: SAPL ASSOCIATES, LLC

Current Principal Place of Business:

5944 CORAL RIDGE DRIVE
#168
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5944 CORAL RIDGE DRIVE
#168
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 81-0662646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSELMAN, STUART A
5944 CORAL RIDGE DRIVE
#168
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

BRIESSI AND ASSOCIATES, LLC
5944 CORAL RIDGE DRIVE
#168
CORAL SPRINGS, FL 33076 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: PAUL INSELMAN 01/09/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: INSELMAN, PAUL S
Address: 5944 CORAL RIDGE DRIVE #168
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGRM (X) Delete
Name: INSELMAN, STUART A
Address: 5944 CORAL RIDGE DRIVE #168
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRIESSI ASSOCIATES,, LLC
Address: 5944 CORAL RIDGE DRIVE #168
City-St-Zip: CORAL SPRINGS, FL 33076 US

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 Chapter 119, 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: BRIESSI ASSOCIATES, LLC MGR 01/09/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date