
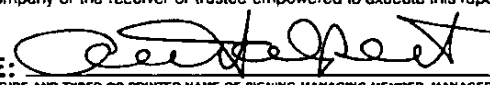
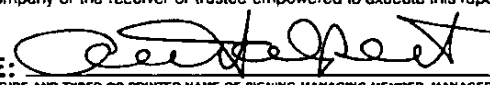
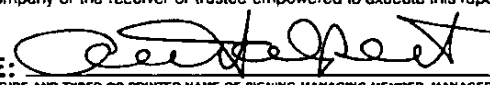


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90168 027 \*\*\*\*50.00

<b>DOCUMENT # L05000036967</b> 1. Entity Name <b>APH CONSTRUCTION COMPANY LLC</b>																																																																																																																																																											
Principal Place of Business <b>7282 BALLANTRAE COURT BOCA RATON FL 33496 US</b>			Mailing Address <b>7282 BALLANTRAE COURT BOCA RATON FL 33496 US</b>																																																																																																																																																								
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6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
<b>HALPERT, ALAN 7282 BALLANTRAE COURT BOCA RATON FL 33496</b>				Name																																																																																																																																																							
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																							
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				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 reselecting) DATE _____																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$50.00.</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HALPERT, ALAN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7282 BALLANTRAE COURT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL 33496</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HALPERT, LINDA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7282 BALLANTRAE COURT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL 33496</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HALPERT, ALAN		NAME			STREET ADDRESS	7282 BALLANTRAE COURT		STREET ADDRESS			CITY - ST - ZIP	BOCA RATON FL 33496		CITY - ST - ZIP			TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HALPERT, LINDA		NAME			STREET ADDRESS	7282 BALLANTRAE COURT		STREET ADDRESS			CITY - ST - ZIP	BOCA RATON FL 33496		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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.																																																																																																																																																											
<table style="width:100%;"> <tr> <td style="width: 40%;"> <b>SIGNATURE:</b>  </td> <td style="width: 20%; text-align: center;"> <b>4/25/06</b> </td> <td style="width: 40%; text-align: center;"> <b>561-477-9799</b> </td> </tr> <tr> <td colspan="3" style="font-size: small;">           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE         </td> </tr> </table>						<b>SIGNATURE:</b> 	<b>4/25/06</b>	<b>561-477-9799</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																		
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ATTACHMENT

30001074

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

APH CONSTRUCTION COMPANY LLC  
7282 BALLANTRAE COURT  
BOCA RATON, FL 33496 US

Subject: APH CONSTRUCTION COMPANY LLC

Reference Number: L05000036967

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION