2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# L05000042192

Entity Name: APRIL SERVICES, LLC.

Current Principal Place of Business:

3727 SW 17TH ST
CAPE CORAL, FL 33914

New Principal Place of Business:

3727 SW 17TH AVE
CAPE CORAL, FL 33914

Current Mailing Address:

3015 SW 14TH CT
CAPE CORAL, FL 33914

New Mailing Address:

3727 SW 17TH AVE
CAPE CORAL, FL 33914

FEI Number: 20-2778612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUJOLS, JOSE L
3015 SW 14TH CT
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

PUJOLS, JOSE L
3727 SW 17TH AVE
CAPE CORAL, FL 33914 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: _____ 03/08/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PUJOLS, JOSE L
Address: 3727 SW 17TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete
Name: PUJOLS, IRIS A
Address: 3727 SW 17TH ST
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PUJOLS, JOSE L
Address: 3727 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change ( ) Addition
Name: PUJOLS, IRIS A
Address: 3727 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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: JOSE L PUJOLS DIR 03/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date