


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90049 029 ***138.75

DOCUMENT # L05000051592	
1. Entity Name APT GROUP, LLC	

Principal Place of Business 4830 DOREEN ROAD COCOA, FL 32927 US	Mailing Address 4830 DOREEN ROAD COCOA, FL 32927 US
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2. Principal Place of Business - No P.O. Box # 6451 BORASCO DR Suite, Apt. #, etc. APT # 1612 City & State MELBOURNE, FL Zip 32940 Country US	3. Mailing Address 6451 BORASCO DR Suite, Apt. #, etc. APT # 1612 City & State MELBOURNE, FL Zip 32940 Country US
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01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2896024	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWELL, ALAN 4830 DOREEN ROAD COCOA, FL 32927

7. Name and Address of New Registered Agent Name ALAN HOWELL Street Address (P.O. Box Number is Not Acceptable) 6451 BORASCO DR APT # 1612 City MELBOURNE FL Zip Code 32940
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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 \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, ALAN 4830 DOREEN ROAD COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6451 BORASCO DR, #1612 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  ALAN HOWELL	1-5-08	321-433-0147
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>