



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90080 044 ****50.00

DOCUMENT # L05000071831					
1. Entity Name AMERICAN PROPERTY GROUP V, LLC					
Principal Place of Business 3350 EAST BAY DRIVE LARGO, FL 33771			Mailing Address 3350 EAST BAY DRIVE LARGO, FL 33771		
2. Principal Place of Business 7000 Park Blvd Suite, Apt. #, etc. Suite A City & State Pinellas Park, FL Zip 33781 Country US		3. Mailing Address 7000 Park Blvd Suite, Apt. #, etc. Suite A City & State Pinellas Park, FL Zip 33781 Country US			
4. FEI Number 20-3144886				04242006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POWNALL, RONALD 3350 EAST BAY DRIVE LARGO, FL 33771			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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWNALL, RONALD 3350 EAST BAY DRIVE LARGO, FL 33771	<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: _____			4/25/06		727-497-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #