

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086535

FILED
Mar 13, 2006
Secretary of State

Entity Name: APB, LLC

Current Principal Place of Business:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 20-3406726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVES & ARMSTRONG, PA
1948 HARRISON STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACOSTA, ANGEL
Address: 450 ALTON ROAD, APT 1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: ACOSTA, ROSANGEL
Address: 450 ALTON ROAD, APT 1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: ACOSTA, ROSALBA
Address: 450 ALTON ROAD, UNIT 1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: BARRIOS, ELIAS
Address: 450 ALTON ROAD, APT 1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: PERRETTI, CARMEN
Address: 450 ALTON ROAD, APT 1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: EMILIO, PERRETTI
Address: 450 ALTON ROAD APT 1504
City-St-Zip: MIAMI BEACH, FL 33139

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: MARK CHAVEZ

MGRM

03/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date