

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086535

FILED
Jul 10, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

MGR

07/10/2007

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