2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L05000086535

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, APT1504	
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
Name:	
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 CHAVES MRG 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date