

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095151

Entity Name: APEIRON PARTNERS, LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

7601 N FEDERAL HWY SUITE 240 B
BOCA RATON, FL 33487

New Principal Place of Business:

7601 N FEDERAL HWY SUITE 240 B
BOCA RATON, FL 33487 US

Current Mailing Address:

7601 N FEDERAL HWY SUITE 240 B
BOCA RATON, FL 33487

New Mailing Address:

7601 N FEDERAL HWY SUITE 240 B
BOCA RATON, FL 33487 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SJOBLOM, PRESTON L
7601 N FEDERAL HWY SUITE 240 B
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

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: PAUL SMITH, VP

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SJOBLOM, PRESTON L
Address: 7601 N FEDERAL HWY SUITE 240 B
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: DIODATO, LARRY
Address: 7601 N FEDERAL HWY SUITE 240 B
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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 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: PRESTON L. SJOBLOM

MGRM

04/05/2006

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