2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000106251

1. Entity Name
J. APRILE PROPERTIES, LLC

Principal Place of Business	Mailing Address
17932 CACHET ISLE TAMPA, FL 33647	17932 CACHET ISLE TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

01122008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5360658	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, ROBERT S ESQ.
3719 SWANN AVENUE
TAMPA, FL 33609

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	APRILE, JOSEPH V
STREET ADDRESS	17932 CACHET ISLE
CITY-ST-ZIP	TAMPA, FL 33467

TITLE	
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U00000795921
01/29/08-80011-023 138.75

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: _Joseph V. Aprile_   1-17-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #