FILED
Sep 05, 2006 8:00 am
Secretary of State

07-21-2006 90083 027 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106266

1. Entity Name
D. APRILE PROPERTIES, LLC

Principal Place of Business
11004 THERESA ARBOR DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
11004 THERESA ARBOR DRIVE
TEMPLE TERRACE, FL 33617

30013110

2. Principal Place of Business: 7810 Hidden Tc
Suite, Apt. #, etc.: Temple Terrace Fl
City & State: 33617 Hills
Zip / Country

3. Mailing Address: 7810 Hidden Tc
Suite, Apt. #, etc.: Temple Terrace Fl
City & State: 33617 Hills
Zip / Country

07C32006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-5360832 ☐ Applied For ☐ 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Daniel T. Aprile — 7-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM APRILE, DANIEL T 11004 THERESA ARBOR DRIVE TEMPLE TERRACE, FL 33617 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Aprile Daniel T 7810 Hidden Tc 33617 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Temple Terrace Fl ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Daniel T. Aprile — 8/25/06 — 813-985-6914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #