

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# L05000111813

Entity Name: APR DEVELOPMENT, LLC

Current Principal Place of Business:

13901 SUTTON PARK DRIVE SOUTH
SUITE 330
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13901 SUTTON PARK DRIVE SOUTH
SUITE 330
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-3918683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERTE, R. KEITH
C/O APR DEVELOPMENT, LLC
13901 SUTTON PARK DRIVE SOUTH, SUITE 330
JACKSONVILLE, FL 32224 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: COO () Delete
Name: CAMPION, JOHN
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: PRES () Delete
Name: ANDERSON, LAURENCE
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: CFO () Delete
Name: BERTE, R KEITH
Address: 13901 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: R KEITH BERTE

CFO

01/04/2007

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