

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 29, 2008
Secretary of State**

DOCUMENT# L05000111814

Entity Name: APR HOLDINGS, LLC

Current Principal Place of Business:

10416 ALTA DR.
JACKSONVILLE, FL 322262320

New Principal Place of Business:

Current Mailing Address:

10416 ALTA DR.
JACKSONVILLE, FL 322262320

New Mailing Address:

FEI Number: 20-3918768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, LAURENCE
10416 ALTA DRIVE
JACKSONVILLE, FL 322262302 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: PRES () Delete
Name: ANDERSON, LAURENCE
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262320

Title: COO (X) Delete
Name: CAMPION, JOHN
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262320

Title: CFO () Delete
Name: UDELL, ROBERT
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262320

ADDITIONS/CHANGES:

Title: P/S (X) Change () Addition
Name: ANDERSON, LAURENCE
Address: 10416 ALTA DR.
City-St-Zip: JACKSONVILLE, FL 322262320

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: ROBERT UDELL

CFO

10/29/2008

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