2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117427

Entity Name: APT, LLC

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2659 BRINLEY DRIVE 18928 N DALE MABRY HWY TRINITY, FL 34655

SUITE 101

City-St-Zip:

LUTZ, FL 33548

Current Mailing Address: New Mailing Address:

18928 N DALE MABRY HWY 2659 BRINLEY DRIVE

TRINITY, FL 34655 US SUITE 101

LUTZ, FL 33548 US

FEI Number: 20-7565006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHOKSI, TARAK CHOKSI, TARAK 2659 BRÍNLEY DRIVE 18928 N DALE MABRY HWY

TRINITY, FL 34655 SUITE 101

LUTZ, FL 33548 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: TARAK CHOKSI 04/29/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

CHOKSI, TARAK Name: CHOKSI, TARAK Name: Address: 2659 BRINLEY DRIVE Address: 18928 N DALE MABRY HWY, SUITE 101 City-St-Zip: TRINITY, FL 34655 US LUTZ, FL 33548 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: PATEL, PRITESH Name: PATEL, PRITESH

Address: 17623 ARCHLAND PASS RD. Address: 18928 N DALE MABRY HWY, SUITE 101

City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33548

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: TARAK CHOKSI **MGRM** 04/29/2007