

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117910

Entity Name: APP AMERICA, LLC

FILED  
Jul 06, 2006  
Secretary of State

## Current Principal Place of Business:

10505 SW 216 STREET  
SUITE# A  
MIAMI, FL 33190

## New Principal Place of Business:

10509 SW 216 STREET  
SUITE# D  
MIAMI, FL 33190 US

## Current Mailing Address:

10505 SW 216 STREET  
SUITE# A  
MIAMI, FL 33190

## New Mailing Address:

10509 SW 216 STREET  
SUITE# D  
MIAMI, FL 33190 US

FEI Number: 27-0134235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PENHA, PEDRO P  
10505 SW 216 STREET  
SUITE# A  
MIAMI, FL 33190 US

## Name and Address of New Registered Agent:

PENHA, PEDRO P  
10509 SW 216 STREET  
SUITE# D  
MIAMI, FL 33190 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:

07/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PENHA, PEDRO P  
Address: 10505 SW 216 STREET, SUITE# A  
City-St-Zip: MIAMI, FL 33190

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PENHA, PEDRO P  
Address: 10509 SW 216 STREET, SUITE# D  
City-St-Zip: MIAMI, FL 33190 US

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: PEDRO P PENHA

MGR

07/06/2006

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