2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000118065

Entity Name: APFEL MANAGEMENT, L.L.C.

Current Principal Place of Business:

935 WEST JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Principal Place of Business:

1900 VALPARAISO BLVD.
NICEVILLE, FL 32578

Current Mailing Address:

935 WEST JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Mailing Address:

1900 VALPARAISO BLVD.
NICEVILLE, FL 32578

FEI Number: 20-3944485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APFEL, WILLIAM E
935 WEST JOHN SIMS PARKWAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

APFEL, WILLIAM E
1900 VALPARAISO BLVD.
NICEVILLE, FL 32578 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: _____ 04/18/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: APFEL, WILLIAM E
Address: 935 WEST JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: APFEL, WILLIAM E
Address: 1900 VALPARAISO BLVD.
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Change (X) Addition
Name: APFEL, MARY C
Address: 1900 VALPARAISO BLVD.
City-St-Zip: NICEVILLE, FL 32578

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: WILLIAM E. APFEL MGR 04/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date