2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # L05000118065 ---1. Entity Name APFEL MANAGEMENT, L.L.C. Principal Place of Business Maifing Address 1900 VALPARAISO BLVD. 1900 VALPARAISO BLVD. NICEVILLE, FL 32578 NICEVILLE, FL 32578 02142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3944485 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent APFEL, WILLIAM E DO NOT WRITE 1900 VALPARAISO BLVD. NICEVILLE, FL 32578 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME APFEL, WILLIAM E STREET ADDRESS 1900 VALPARAISO BLVD. CITY-ST-ZP NICEVILLE, FL 32578 U00000894495 04/24/08-80030-009 138.75 TITLE NAME APFEL, MARY C 1900 VALPARAISO BLVD. STREET ADDRESS CETY-ST-ZIP NICEVILLE, FL 32578 MILE NALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 by execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP