

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008092

FILED
Jan 21, 2008
Secretary of State

Entity Name: APRI, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4177343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC
2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: PRIETO, ANTONIO
Address: CARRERAS 5,NO. 81-15 APTO. 801
City-St-Zip: BOGOTA, COLOMBIA, XX XX

Title: MGRM () Delete
Name: ARIZA, MARIA TERESA
Address: CARRERAS 5,NO. 81-15, APTO. 801
City-St-Zip: BOGOTA, COLOMBIA, XX XX

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRIETO, COSME A
Address: CARRERAS 5,NO. 81-15 APTO. 801
City-St-Zip: BOGOTA, XX COLOMBIA XX

Title: MGRM (X) Change () Addition
Name: ARIZA, MARIA TERESA
Address: CARRERAS 5,NO. 81-15, APTO. 801
City-St-Zip: BOGOTA, XX COLOMBIA XX

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: COSME ANTONIO PRIETO

MGRM

01/21/2008

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