

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027193

FILED
May 16, 2007
Secretary of State

Entity Name: AMERICAN PROPERTIES REAL ESTATE LLC.

Current Principal Place of Business:

1639 CAPE CORAL PARKWAY EAST
208
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1639 CAPE CORAL PARKWAY EAST
208
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

SCHOL, CARLOS E
2022 SE 18TH AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

SCHOL, CARLOS E
1945 SE 19TH LN
CAPE CORAL, FL 33990 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: CARLOS SCHOL

05/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOL, ALICIA C
Address: 2022 SE 18TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SCHOL, CARLOS E
Address: 1639 CAPE CORAL PARKWAY EAST, STE 208
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHOL, ALICIA C
Address: 1945 SE 19TH LN
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS SCHOL

PR

05/16/2007

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