2007 LIMITED LIABILITY COMPANY

SIGNATURE:

Apr 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000033655 04-10-2007 90079 043 ****50.00 API FL HOLDINGS LLC Principal Place of Business Mailing Address 4160 DOUGLAS BLVD. 4160 DOUGLAS BLVD. 60034458 **GRANITE BAY, CA 95746** GRANITE BAY, CA 95746 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4895416 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert P. Blaesser, EMBREE, CHERIE Street Address (P.O. Box Number is Not Acceptable) 6410 HERONWALK DRIVE GULF BREEZE; FL 32563 8550 Touchton Road, Unit 1225 Zip \$99216 Jacksonville 8. The above named entity subprits 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State THE MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition API PROPERTIES NEVADA, INC. (SOLE MEMBER) NAME NAME : 4160 DOUGLAS BLVD. STREET ADDRESS STREET ADDRESS GRANITE BAY CA 95746 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 to execute this port as required by Chapter 608, Florida Statutes. API Phoppanties Neugala, Ing. (sole member)

4/4/07

SIGNATURE AND TYPED OR POUTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(916) 791-5991

FILED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

1. Entity Name APPIEL HOLDINGS LLC APPIEL HOLDINGS LLC APPIEL HOLDINGS LLC APPIEL HOLDINGS SLVD. GRANITE BAY, CA 95746 Serving Appiece of Business - No PO Box # 3. Making Address Soan, Apr. #. doc. City & State City & Country City & Country Cit			ANNUAL	. REPORT				.•			
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S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 8. Name Roll Address of Now Registered Agent 8. Name Roll Address of Now Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submissifies islatement for the purpose of changing its registered afforce or registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Forcia. I sam familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with and accept the familiar with a supplied and familiar with accept the familiar with a famil	City & State			City & State			4. FEI Num	^{ber} 20-4895416		·	
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