


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 013 ****50.00

DOCUMENT # L06000034121	
1. Entity Name API FL 1 LLC	

Principal Place of Business 4160 DOUGLAS BLVD. GRANITE BAY CA 95746	Mailing Address 4160 DOUGLAS BLVD. GRANITE BAY CA 95746
---	---



2. Principal Place of Business - No P.O. Box # 211 COLYER RD Suite, Apt. #, etc. SUITE C City & State BRONSTON Ky Zip 42518 Country USA	3. Mailing Address 35 WOODSON BEND Suite, Apt. #, etc. # City & State BRONSTON, Ky Zip 42518 Country USA
--	---

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent EMBREE, CHERIE 6410 HERONWALK DRIVE GULF BREEZE FL 32563	7. Name and Address of New Registered Agent Name LARRY EBELHAR Street Address (P.O. Box Number is Not Acceptable) 14038 TIVOLI TERRACE City BONITA SPRINGS FL Zip Code 34135
--	---

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 Larry Ebelhar <small>Signature, typed or printed name of registered agent and file if applicable</small>	DATE 8-22-07 <small>DATE</small>

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM API FL HOLDINGS LLC (SOLE MEMBER) 4160 DOUGLAS BLVD. GRANITE BAY CA 95746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB KENISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 211 COLYER RD BRONSTON Ky 42518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Bob Kenison <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 8-22-07 DAYTIME PHONE # 606541-4697