
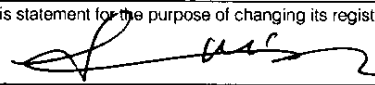
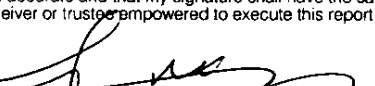


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90006 024 ***543.75

DOCUMENT # L06000084691					
1. Entity Name A & P PROPERTIES, L.L.C.					
Principal Place of Business 2287 PHILLIPPINE DRIVE UNIT 45 CLEARWATER, FL 33763			Mailing Address 2287 PHILLIPPINE DRIVE UNIT 45 CLEARWATER, FL 33763		
2. Principal Place of Business - No P.O. Box # 1030 Clear Water Largo Rd			3. Mailing Address 1030 Clear Water Largo Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Largo FL		City & State Largo FL		4. FEI Number 03-0605118	
Zip 33770		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABU-ZAID, EL SAYED 2287 PHILLIPPINE DRIVE UNIT 45 CLEARWATER, FL 33763				7. Name and Address of New Registered Agent Name: ABU-ZAID EL SAYED Street Address (P.O. Box Number is Not Acceptable): 500 Belcher RD. S. Unit 57 City: Largo FL Zip Code: 33771	
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  7/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ABU-ZAID, EL SAYED STREET ADDRESS 2287 PHILLIPPINE DRIVE UNIT 45 CITY-ST-ZIP CLEARWATER, FL 33763	<input type="checkbox"/> Delete		TITLE NAME ABU-ZAID EL SAYED STREET ADDRESS 500 Belcher RD. S. Unit 57 CITY-ST-ZIP Largo FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME ABU-ZAID, Carmen STREET ADDRESS 500 Belcher RD. S. Unit 57 CITY-ST-ZIP Largo FL 33771	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME Pamplin Jose STREET ADDRESS 1720 Lanier Pl. NW CITY-ST-ZIP Wash. DC 20009	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME Rodriguez Milagros STREET ADDRESS 1720 Lanier Pl. NW CITY-ST-ZIP Wash. DC 20009	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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:  7/8/08 727.585.6777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					