

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90034 043 \*\*\*138.75

<b>DOCUMENT # L07000046396</b> 1. Entity Name <b>APEX MARKETING GROUP, LLC</b>					
Principal Place of Business <b>7053 GANDY DRIVE NAVARRE, FL 32566</b>			Mailing Address <b>7053 GANDY DRIVE NAVARRE, FL 32566</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>THORNTON E. COLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7053 GANDY DRIVE</b> City <b>NAVARRE</b> <b>FL</b> Zip Code <b>32566</b>	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>COLE, THORNTON E</b> <b>7053 GANDY DRIVE</b> <b>NAVARRE, FL 32566</b> <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	MGR <b>KLAMER, GEORGE J</b> <b>7053 GANDY DRIVE</b> <b>NAVARRE, FL 32566</b> <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		
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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.					
<b>SIGNATURE:</b> <i>Thornton E. Cole</i>		Date <b>8/5/08</b>		Daytime Phone # <b>850-939-2910</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					