

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90040 002 \*\*\*138.75

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<b>DOCUMENT # L07000060413</b> 1. Entity Name <b>APA INVESTMENTS LLC</b>					
Principal Place of Business <b>17190 ROYAL PALM BLVD SUITE #2 WESTON, FL 33326 US</b>			Mailing Address <b>17190 ROYAL PALM BLVD SUITE #2 WESTON, FL 33326 US</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		
4. FEI Number <b>35-2299904</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ELY, BRICENO 2900 GLADES CIRCLE SUITE #850 WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRBY, DONNA H 1125 YALE DR HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, LUIS 2900 GLADES CIRCLE SUITE 850 WESTON, FLORIDA 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIL, SHIRLEY B 4909 NW 92ND AVE SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICENO, ELIZABETH 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMAREL, JANICE 11658 SW 50TH AVE OCALA, FL 34476	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, SAUL 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICENO, RAUL 2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327	<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	MGRM FERNANDEZ, HELLY 17190 ROYAL PALM BLVD WESTON, FL 33326	<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	<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>April 28, 2008</b> Daytime Phone #: <b>954-390351</b>		