


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90091 042 \*\*\*138.75

<b>DOCUMENT # L07000064201</b>	
1. Entity Name APOLLINAIRE, LLC	

Principal Place of Business 2636 OCEAN DRIVE #302 VERO BEACH, FL 32963	Mailing Address PO BOX 3412 VERO BEACH, FL 32964
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2. Principal Place of Business - No P.O. Box # c/o Longboat Key Moorings	3. Mailing Address c/o Brabo, Carlsen & O'Brien
Suite, Apt. #, etc. 2630 Harbourside Drive	Suite, Apt. #, etc. 1111 E. Tahquitz Cyn Way, Ste. 203
City & State Longboat Key, FL	City & State Palm Springs, CA
Zip 34228	Country
Country	Zip 92262

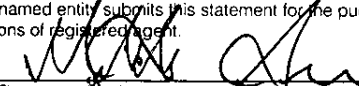


01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SUSNAR, MITCH D 2636 OCEAN DRIVE #302 VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name Susnar, Mitch D Street Address (P.O. Box Number is Not Acceptable) c/o Longboat Key Moorings 2630 Harbourside Drive City Longboat Key FL Zip Code 34228
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B. 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.

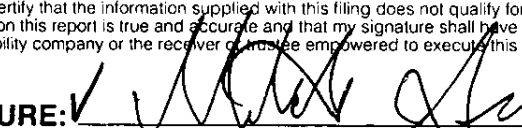
SIGNATURE  DATE 1-27-08

(NOTE: Registered Agent signature required when remitting)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE:  DATE 1-27-08 DAYTIME PHONE # 410-253-4301

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