

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

08 AUG 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000064201

1. Entity Name
APOLLINAIRE, LLC



Principal Place of Business
C/O LONGBOAT KEY MOORINGS
2630 HARBOURSIDE DR
LONGBOAT KEY, FL 34228

Mailing Address
CC/O BRABO, CARLSEN, & O'BRIEN
1111 E TAHQUITZ CYN WAY STE 203
PALM SPRINGS, CA 92262



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

07232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSNAR, MITCH D
C/O LONGBOAT KEY MOORINGS
2630 HARBOURSIDE DR
LONGBOAT KEY, FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SUSNAR, MITCH D ☒ Delete
STREET ADDRESS 1111 E TAHQUITZ CYN WAY STE 203
CITY-ST-ZIP PALM SPRINGS, CA 92262

TITLE MGRM
NAME THE MITCH D. SUSNAR TRUST ☐ Change ☒ Addition
STREET ADDRESS 1111 E. TAHQUITZ CYN WAY, STE. 203
CITY-ST-ZIP PALM SPRINGS, CA 92262

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 800134410298 ☐ Change ☐ Addition
STREET ADDRESS 08/13/08--01005--007 **50.00
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

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

Date

Daytime Phone #

8.8.08

410-253-4301