2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000066277

Entity Name: APJM UNLIMITED, LLC

Current Principal Place of Business:

2915 EAST PARK AVENUE, #4
TALLAHASSEE, FL 32301

New Principal Place of Business:

181 FALLWOOD LN
CRAWFORDVILLE, FL 32327

Current Mailing Address:

2915 EAST PARK AVENUE, #4
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 10287
TALLAHASSEE, FL 32302

FEI Number: 26-0439072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLE, ANDREW J
2915 EAST PARK AVENUE, #4
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

POOLE, ANDREW J
181 FALLWOOD LN
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POOLE, ANDREW J
Address: 181 FALLWOOD LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete
Name: MAYER, JEROME F III
Address: 121 NORTH MONROE STREET, #6002
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW J POOLE MGRM 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date