

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085644

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

**Entity Name:** API TITAN, LLC

**Current Principal Place of Business:**

3350 SW 148 AVENUE, SUITE 110  
MIRAMAR, FL 33027

**New Principal Place of Business:**

18503 PINES BLVD., SUITE 301  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

15841 PINES BLVD, #242  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

18503 PINES BLVD., SUITE 301  
PEMBROKE PINES, FL 33029

FEI Number: 26-2203466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABANAS, STEPHANIE  
15841 PINES BLVD. #242  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

CABANAS, STEPHANIE  
18503 PINES BLVD., SUITE 301  
PEMBROKE PINES, FL 33029 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: \_\_\_\_\_

04/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMERICAN PINNACLE, I, NC.  
Address: 15841 PINES BLVD. #242  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMERICAN PINNACLE, I, NC.  
Address: 18503 PINES BLVD., SUITE 301  
City-St-Zip: PEMBROKE PINES, FL 33029

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: STEPHANIE CABANAS

MGR

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date