

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102315

Entity Name: AGPM, LLC

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

501 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

501 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 26-3645429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VOGT, LOUIS  
501 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VOGT, LOUIS E  
Address: 501 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: JEFFERSON SCOTT ZIMMERMAN  
Address: 501 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: ARROYO, ANGEL  
Address: 1665 PALM BEACH LAKES BLVD STE 400  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: LOUIS E. VOGT

MGR

02/04/2010

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