2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 22, 2005 8:00 am DOCUMENT # L98000000512 **Secretary of State** 03-22-2005 90184 010 ****50.00 FLORIDA APPLE EAST, L.L.C. Principal Place of Business Mailing Address 3700 STATE ST., STE. 200 SANTA BARBARA CA 93105 3700 STATE ST., STE. 200 SANTA BARBARA CA 93105 40043114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 65-0830621 Not Applicable 7ip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVIS, WARREN E JR. Street Address (P.O. Box Number is Not Acceptable) 125 WORTH AVENUE, SUITE 203 AVIS & AVIS, PA PALM BEACH FL 33480 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE Co-Mgr Change ☐ Addition ☐ Delete **Gregory Georgas** NAME GEORGAS, GREGORY NAME STREET ADDRESS 125 WORTH AVENUE, SUITE 203 STREET ADDRESS 125 Worth Avenue, Suite 203 CITY-ST-ZIP PALM BEACH FL 33480 -CITY-ST-ZIP Palm Bea<u>ch, FL 33480</u> Co-Mgr TITLE ☐ Delete TITLE ☐ Change ★ Addition William Georgas STREET ADDRESS STREET ADDRESS 3 Manhattanville Road, Purchase, NY 10577 Suite 201 Purchase, NY CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITE F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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.

Gregory Georgas

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNE

FILED

02-23-05

Dale

(561) 659-0200

Daytime Phone #