

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000881

1. Entity Name
APPLE INY, L.C.



Principal Place of Business
**12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181-2742**

Mailing Address
**12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181-2742**



DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0848439

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IRELAND, THOMAS K
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 33181-2742**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000344034
04/29/05-80120-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
IRELAND, THOMAS K
12000 BISCAYNE BLVD., PENTHOUSE 810
MIAMI, FL 331812742**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS K. IRELAND, Mgr.

4-20-05 305-891-6806