

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000286

1. Entity Name
APPLE PRINCE GEORGES MARYLAND GROUP, LLC

Principal Place of Business
490 SAWGRASS CORP. PKWY. SUITE 330
SUNRISE FL 33325

Mailing Address
490 SAWGRASS CORP. PKWY. SUITE 330
SUNRISE FL 33325

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Country

4. FEI Number
65-0887647

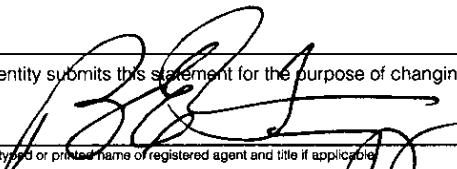
5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, JASON
2710 OAKBROOK LANE
WESTON FL 33332

7. Name and Address of New Registered Agent
Name: Bruce Frazey
Street Address (P.O. Box Number is Not Acceptable)
490 Sawgrass Corp. Pkwy # 330
City: Sunrise FL Zip Code: 33325

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.

SIGNATURE: 

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/16/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR
NAME: KIRSCHNER, JASON
STREET ADDRESS: 2710 OAKBROOK LANE
CITY-ST-ZIP: WESTON FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES
Delete
TITLE: MGR
NAME: 6000004217166-4
STREET ADDRESS: -05/15/01--01071--025
CITY-ST-ZIP: *****50.00 *****50.00

Delete
TITLE: MGR
NAME: Bruce Frazey
STREET ADDRESS: 1411 Saint Gabrielle Lane # 3512
CITY-ST-ZIP: Weston, FL 33326

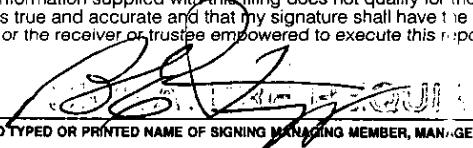
Delete
TITLE: MGR
NAME: Jay Gillespie
STREET ADDRESS: 2641 Cabin Creek Road
CITY-ST-ZIP: Alexandria VA 22314

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/10/01

Daytime Phone #: 954-851-9494