

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001002

FILED
Apr 22, 2005
Secretary of State

Entity Name: APPLESEED, L.L.C.

Current Principal Place of Business:

2100 W. 76 ST.
510
HIALEAH, FL 33016

New Principal Place of Business:

14285 SABAL DRIVE
MIAMI LAKES, FL 33014

Current Mailing Address:

2100 W. 76 ST.
510
HIALEAH, FL 33016

New Mailing Address:

14285 SABAL DRIVE
MIAMI LAKES, FL 33014

FEI Number: 65-0642195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUEZ, STEPHEN C CPA
19 WEST FLAGLER STREET, SUITE 600
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

ENRIQUEZ, STEPHEN C CPA
19 WEST FLAGLER STREET, SUITE 600
MIAMI, FL 33130 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:

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHEETHAM, ROBERT
Address: 2100 W. 76TH ST., SUITE 510
City-St-Zip: HIALEAH, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHEETHAM, ROBERT
Address: 14285 SABAL DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Change (X) Addition
Name: CHEETHAM, RICHARD V
Address: 14285 SABAL DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD CHEETHAM

MGR

04/22/2005

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