

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L99000001002

**1. Entity Name
APPLESEED, L.L.C.**



**Principal Place of Business
14285 SABAL DRIVE
MIAMI LAKES, FL 33014**

**Mailing Address
14285 SABAL DRIVE
MIAMI LAKES, FL 33014**



04212006No Chg-LLC

CR2E083 (11/05)

**4. FEI Number
65-0642195**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHEETHAM, ROBERT
14285 SABAL DRIVE
MIAMI LAKES, FL 33014**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHEETHAM, RICHARD V
14285 SABAL DRIVE
MIAMI LAKES, FL 33014**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000531253
05/06/06-80031-021 50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert Cheetham

4/20/06

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

Date

Daytime Phone #