


2006.LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------------|---------------------------------|---|---|--|
| DOCUMENT # L9900002412 1. Entity Name APCD, L.C. | | | |  | |
| Principal Place of Business 120 EAST 56TH STREET SUITE 1130 NEW YORK NY 10022 | | | Mailing Address 120 EAST 56TH STREET SUITE 1130 NEW YORK NY 10022 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 58-2461814 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fes Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CENTRAL FLA IN 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (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, 2006 | | | | | |
| 1100000410693 02/09/06-80048-005 50.00 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | FRIEDMAN, DAVID A | | NAME | | |
| STREET ADDRESS | 120 EAST 56TH STREET, SUITE 1130 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10022 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | ALPERT, STUART | | NAME | | |
| STREET ADDRESS | 135 PINE TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEMEREST NJ 07627 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | SAMUELS, DAVID I | | NAME | | |
| STREET ADDRESS | 425 EAST 56TH STREET, # 47A | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10022 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David A. Friedman 1/26/06