


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002412</b>	
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



07122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2461814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**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

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, DAVID A 120 EAST 56TH STREET, SUITE 1130 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALPERT, STUART 135 PINE TERRACE DEMAREST, NJ 07627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMUELS, DAVID I 425 EAST 58TH STREET, # 47A NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

7/12/07 212-752-6020

Date

Daytime Phone #