


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L99000005117 1. Entity Name APW ASSOCIATES, LLC |  |
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| Principal Place of Business 7857 MIDNIGHT PASS RD. SARASOTA, FL 34242 | Mailing Address 7857 MIDNIGHT PASS RD. SARASOTA, FL 34242 |
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01072005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-0945172 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ELONA, PEPPI 7857 MIDNIGHT PASS ROAD SARASOTA, FL 34242 |
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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 renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELONA, PEPPI 7857 MIDNIGHT PASS RD. SARASOTA, FL 34242 |
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| <p>U00000175899 01/10/05-80068-025 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peppi Elona 1/7/05 943120292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #