

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002848**

1. Entity Name  
**APS ACQUISITION LLC**



Principal Place of Business  
**100 EAST RIVERCENTER BLVD  
STE 1600  
COVINGTON, KY 41011**

Mailing Address  
**100 EAST RIVERCENTER BLVD  
STE 1600  
COVINGTON, KY 41011**



04262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1401116**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRV
NAME	MARSH, THOMAS R
STREET ADDRESS	100 E RIVERCENTER BLVD, STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	MGRP
NAME	ROBBINS, REGIS
STREET ADDRESS	100 E RIVERCENTER BLVD, STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	T
NAME	ABBOTT, BRADLEY
STREET ADDRESS	100 E RIVERCENTER BLVD, STE 1600
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000540972  
05/10/06-80038-014 50.00

**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

**Thomas R. Marsh 04/26/2006 (859) 392-5463**

Date

Daytime Phone #