

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001614

Entity Name: AP CAPITAL PARTNERS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

301 E. PINE STREET, SUITE 150
ORLANDO, FL 32801

New Principal Place of Business:

6000 METROWEST BLVD
SUITE 208
ORLANDO, FL 32835 US

Current Mailing Address:

301 E. PINE STREET, SUITE 150
ORLANDO, FL 32801

New Mailing Address:

6000 METROWEST BLVD
SUITE 208
ORLANDO, FL 32835 US

FEI Number: 88-0519689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALPHONSE, FRANTZ
Address: 301 E. PINE STREET, SUITE 150
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: POWELL, RICHARD
Address: 301 E. PINE STREET, SUITE 150
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALPHONSE, FRANTZ
Address: 6000 METRWOEST BLVD, SUITE 208
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM (X) Change () Addition
Name: POWELL, RICHARD
Address: 6000 METROWEST BLVD, SUITE 208
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD POWELL

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date