

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001614

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** AP CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

6000 METROWEST BLVD  
SUITE 208  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

6000 METROWEST BLVD  
SUITE 208  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 88-0519689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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  
Name: ALPHONSE, FRANTZ  
Address: 6000 METROWEST BLVD, SUITE 208  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM  
Name: POWELL, RICHARD M  
Address: 6000 METROWEST BLVD., SUITE 208  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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: FRANTZ E. ALPHONSE

MGRM

04/03/2012

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