2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M07000001715

1. Entity Name APOLO, LLC



Principal Place of Business

1300 BENJAMIN FRNAKLIN DRIVE BEACH RESIDENCES - UNIT 808 SARASOTA, FL 34236 Mailing Address

1300 BENJAMIN FRNAKLIN DRIVE BEACH RESIDENCES - UNIT 808 SARASOTA, FL 34236

FILED Jul 31, 2008 08:00 AM Secretary of State



07272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 61-1394337

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and A	Address	of	Current I	Registered	Agent

DESAI, AMAR 1300 BENJAMIN FRNAKLIN DRIVE BEACH RESIDENCES - UNIT 808 SARASOTA, FL 34236

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	The above named entity submits this the obligations of registered agent.	atement for the purpose of	changing its registere	d office or registered age	nt, or both, in the State of Florida.	I am familiar with, and accept
SI	GNATURE Signature, typed or printed name of re	gistered agent and title if applicable.		Agent signature required when rein	nstating)	DATE
EII E NOVIIII EEE 10 #420 7E						

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	MGR DESAI, AMAR 1300 BENJAMIN FRNAKLIN DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000956775 07/31/08-80004-008 138.75

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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:

OF MENING MANAGING MEMBED OR AUTHODISED DEDDESCRITATIVE

7/25/08 502-457-3836

Daytime