

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015938

Entity Name: AFP 1242 DREXEL, LLC

FILED  
Feb 12, 2007  
Secretary of State

**Current Principal Place of Business:**

18911 COLLINS AVE. #803  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

18911 COLLINS AVE. #803  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

FEI Number: 20-0787680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLATT, FELICIA  
18911 COLLINS AVE. #803  
SUNNY ISLES, FL 33160 US

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

NIVORO, FELICIA P  
18911 COLLINS AVE. #803  
SUNNY ISLES, FL 33160 US

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: FELICIA PLATT NIVORO

02/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PLATT, FELICIA  
Address: 18911 COLLINS AVE. #803  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGRM ( ) Delete  
Name: PLATT, ANDREW S  
Address: 43 BRADRICK LANE  
City-St-Zip: ALLENDALE, NJ 07401

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIVORO, FELICIA P  
Address: 18911 COLLINS AVE. #803  
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELICIA PLATT NIVORO

MGMR

02/12/2007

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