

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117947

FILED  
Mar 20, 2012  
Secretary of State

Entity Name: AFT04, LLC

**Current Principal Place of Business:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 26-3941560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEER, EMERY B  
2525 PONCE DE LEON BLVD.  
5TH FLOOR  
CORAL GABLES, FL 33134 US

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

SHEER, EMERY B  
2525 PONCE DE LEON BLVD.  
10 FLOOR  
CORAL GABLES, FL 33134 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: IVA NG

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NG, ABE  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, ALLAN  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, BETTY  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

Title: MGRM  
Name: NG, IVA  
Address: 8005 NW 90 STREET  
City-St-Zip: MEDLEY, FL 33166

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: IVA NG

MGRM

03/20/2012

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