2004 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # M00000000149 1. Entity Name

AF MOTORS, L.L.C.

Principal Place of Business 4306 PABLO DAKS COURT JACKSONVILLE, FL 32224 Mailing Address

PO BOX 16469

JACKSONVILLE, FL 32245-646

FILED Apr 16, 2004 08:00 AM **Secretary of State**



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For 59-3604214 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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					•	-
	named entity submits this statement for the purpose of chations of registered agent.	nging its registered o	office or registered agen	t, or both, in the S	tate of Florida. I am fami	liar with, and accept
SIGNATURE.				. :=: -	1	· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agr	ent signature required when reins	tating)	, DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004		à		00000115520 5/04-80027-01	7 50.00
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, CHARLIE C 4306 PABLO OAKS CT JACKSONVILLE, FL 32224	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLETTE, LINDA 4306 PABLO OAKS CT JACKSONVILLE, FL 32224					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE		
TITLE NAME			IN THIS SPACE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE