


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000149
 1. Entity Name
 AF MOTORS, L.L.C.



Principal Place of Business: 4306 PABLO OAKS COURT, JACKSONVILLE, FL 32224
 Mailing Address: PO BOX 16469, JACKSONVILLE, FL 32245-646

DO NOT WRITE IN THIS SPACE



03172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3604214 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGR |
| NAME | TOMM, CHARLIE C |
| STREET ADDRESS | 4306 PABLO OAKS CT |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 |
| TITLE | S |
| NAME | MARLETTE, LINDA |
| STREET ADDRESS | 4306 PABLO OAKS CT |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 608, Florida Statutes.

SIGNATURE: Linda Marlette Linda Marlette 3/18/05 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/tns Phone #