

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005497	
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1. Entity Name
AFK INVESTMENTS, LLC

Principal Place of Business
36 N.E. FIRST STREET
SUITE 211
MIAMI, FL 33132

Mailing Address
36 N.E. FIRST STREET
SUITE 211
MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E063 (10/03)

4. FEI Number 65-1112624	Applied For Not Applicable
5. Certificate of Status: Do not ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

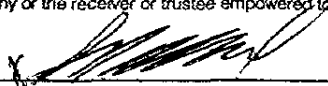
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAYND, GERMAN 21150 BISCAYNE BLVD., #302 AVENTURA, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSAB, SASSON 21150 BISCAYNE BLVD., #302 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALPERN, JONNY 21150 BISCAYNE BLVD., #302 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000025267
02/02/04-80097-022 50.00

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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)(f), 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: 

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

 JAN-28-04

Date

Daytime Phone #