

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014473

Entity Name: AFT05, LLC

Current Principal Place of Business:

8005 N.W. 90 STREET
MEDLEY, FL 33166

Current Mailing Address:

8005 N.W. 90 STREET
MEDLEY, FL 33166

FEI Number: 26-4213508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEER, EMERY B
2525 PONCE DE LEON BLVD., 5TH FL
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name NG, ABE
Address 8005 N.W. 90 STREET
City-State-Zip: MEDLEY FL 33166

Title MGRM
Name NG, ALLAN
Address 8005 N.W. 90 STREET
City-State-Zip: MEDLEY FL 33166

Title MGRM
Name NG, BETTY
Address 8005 N.W. 90 STREET
City-State-Zip: MEDLEY FL 33166

Title MGRM
Name NG, IVA
Address 8005 N.W. 90 STREET
City-State-Zip: MEDLEY FL 33166

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IVA NG

MGRM

03/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date