

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038998

Entity Name: AFT06, LLC**Current Principal Place of Business:**8005 NW 90 STREET
MEDLEY, FL 33166**Current Mailing Address:**8005 NW 90 STREET
MEDLEY, FL 33166 US**FEI Number:** 26-4719737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEER, EMERY B
2525 PONCE DE LEON BLVD
10TH 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:**

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