

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90596 022 ****55.00

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DOCUMENT # L01000004871 1. Entity Name AFS, LLC					
Principal Place of Business 8323 RAMONA BLVD. JACKSONVILLE, FL 32221			Mailing Address 8323 RAMONA BLVD. JACKSONVILLE, FL 32221		
2. Principal Place of Business 1870 St Johns Bluff Rd So <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1870 St Johns Bluff Rd. So. <small>Suite, Apt. #, etc.</small>			
City & State Jacksonville FL <small>Zip</small> 32246 <small>Country</small> USA		City & State Jacksonville FL <small>Zip</small> 32246 <small>Country</small> USA		4. FEI Number 59-3708759	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK PA 50 N. LAURA STREET STE 2750 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent <small>Name</small> Avery Raymond J Jr <small>Street Address (P.O. Box Number is Not Acceptable)</small> 10103 Chesterton Rd <small>City</small> Jacksonville <small>FL</small> FL <small>Zip Code</small> 32246		
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 <u><i>Raymond J. Avery Jr.</i></u> RAYMOND J. AVERY JR. 3/11/05 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating). DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM ARROW FRAMING COMPANY <input checked="" type="checkbox"/> Delete 8323 RAMONA BLVD. JACKSONVILLE, FL 32221		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	mGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Avery Framing Specialists, Inc. 1870 St Johns Bluff Rd So. Jacksonville, FL 32246	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Raymond J. Avery Jr.</i></u> RAYMOND J. AVERY JR. 3/11/05 (904) 996-9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					