

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005113

**FILED  
Apr 13, 2006  
Secretary of State**

**Entity Name:** AFD, LLC

**Current Principal Place of Business:**

221 ESSEX LANE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

221 ESSEX LANE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 65-1100907      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOFASO, ANTHONY M  
221 ESSEX LANE  
WEST PALM BEACH, FL 33405      US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LOFASO, ANTHONY M  
Address: 221 ESSEX LANE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM      ( ) Delete  
Name: LOFASO, BLANCA H  
Address: 221 ESSEX LANE  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ANTHONY M. LOFASO      MGRM      04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date