


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L01000007170</b>                         |  |
| 1. Entity Name<br><b>A.F. OF SOUTH FLORIDA, L.L.C.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3265 SW 129 AVE.<br/>MIAMI FL 33175</b> | Mailing Address<br><b>3265 SW 129 AVE.<br/>MIAMI FL 33175</b> |
|---|---|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E083 (10/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1107480</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                                      |
| <b>BOHATCH, JOHN S ESQ.<br/>2600 DOUGLAS ROAD<br/>PENTHOUSE 8<br/>CORAL GABLES FL 33134</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

|   |  |
|---|--|
| 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 <i>Armando Fonticella</i><br><small>Signature typed or printed name of registered agent and their address</small>   | DATE <i>1/30/08</i><br><small>(NOTE: Registered Agent's signature required when registering)</small> |

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |
| <b>MGRM<br/>FONTICIELLA, ARMANDO<br/>3265 SW 129 AVE.<br/>MIAMI FL 33175</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES                            |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

|   |      |                |
|---|------|----------------|
| <b>SIGNATURE:</b> <i>Armando Fonticella</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Draw | Copy to Page # |
|---|------|----------------|