2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2006 08:00 AM Secretary of State **心OCUMENT # L01000020616** 1. Entity Name AFA HOLDING, LLC Principal Place of Business Mailing Address 1110 N. FLORIDA AVE. 1110 N. FLORIDA AVE. TAMPA FL 33602 TAMPA, FL 33602 04182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0031737 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent COHN, VANESSA N ESQ. DO NOT WRITE 1110 N FLORIDA AVE. TAMPA, FL 33602 IN THIS SPACE 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. Signature, typed or printed name of registered agent and this it applicable (NOTE Registered Agent signature reputed when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TATLE DE TORRES, FERNANDO NAME 1110 N FLORIDA AVE STREET ADDRESS CITY -ST-ZIP TAMPA, FL 33602 U000000523395 05/03/06-20071-010 150.00 NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 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 it 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: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING KANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADORESS CITY-ST-ZIP

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