

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90126 025 ****50.00

DOCUMENT # L02000006556

1. Entity Name
AFC GAINESVILLE, L.L.C.



Principal Place of Business
**C/O AFC REALTY CAPITAL, INC.
888 SEVENTH AVE., SUITE 402
NEW YORK, NY 10106**

Mailing Address
**C/O AFC REALTY CAPITAL, INC.
888 SEVENTH AVE., SUITE 402
NEW YORK, NY 10106**

24063276



2. Principal Place of Business
111 West 57th Street

3. Mailing Address
111 West 57th Street

Suite, Apt. #, etc.
Suite 520

Suite, Apt. #, etc.
Suite 520

01082004 Chg-LLC CR2E083 (10/03)

City & State
New York, NY

City & State
New York, NY

4. FEI Number
02-0556269

Applied For
Not Applicable

Zip
10019

Country
USA

Zip
10019

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FEFFERMAN, ARTHUR
888 7TH AVE, STE 402
NEW YORK, NY 10106** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**111 WEST 57th STREET - SUITE 520
NEW YORK, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/04

Date

212.245.2050

Daytime Phone #