


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000016409</b> 1. Entity Name <b>AUDIO SYSTEMS AF, LLC</b>	
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Principal Place of Business <b>1807 PINAR CT ST. CLOUD, FL 34679</b>	Mailing Address <b>1807 PINAR CT ST. CLOUD, FL 34679</b>
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07282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3856859</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>FIGEAC, ADOLFO 1807 PINAR CT ST. CLOUD, FL 34679</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIGEAC, ADOLFO 1807 PINAR CT ST CLOUD, FL 34679</b>
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08/04/06-80005-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 if made under oath; that I am a managing member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Adolfo Figeac **ADOLFO FIGEAC** **JULY 31, 2006 407-873-1835**