


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029629 1. Entity Name AF OF WESTON I, LLC	
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Principal Place of Business 10081 PINES BOULEVARD SUITE A PEMBROKE PINES, FL 33024	Mailing Address 10081 PINES BOULEVARD SUITE A PEMBROKE PINES, FL 33024
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02272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1639466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GASTESI, RAUL J R. 8105 N.W. 155TH STREET MIAMI LAKES, FL 33016
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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

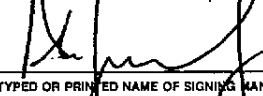
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000077987
03/08/04-80009-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERNANDEZ, ALEX 6320 HANCOCK ROAD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FERNANDEZ, LOURDES 6320 HANCOCK ROAD SOUTHWEST RANCHES, FL 33330
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ALEX FERNANDEZ** 03/01/04 (954) 885-1021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #