

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029629

Entity Name: AF OF WESTON I, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

10081 PINES BOULEVARD
SUITE A
PEMBROKE PINES, FL 33024

Current Mailing Address:

10081 PINES BOULEVARD
SUITE A
PEMBROKE PINES, FL 33024

New Principal Place of Business:

12323 SW 55TH STREET
SUITE 1007
COOPER CITY, FL 33330

New Mailing Address:

12323 SW 55TH STREET
SUITE 1007
COOPER CITY, FL 33330

FEI Number: 16-1639466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, RENE
2 ALHAMBRA PLAZA
860
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ, ALEX
Address: 6320 HANCOCK ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGRM () Delete
Name: FERNANDEZ, LOURDES
Address: 6320 HANCOCK ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, ALEX
Address: 12323 SW 55TH STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, LOURDES
Address: 12323 SW 55TH STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date