

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029629

Entity Name: AF OF WESTON I, LLC

FILED
May 29, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

12240 SW 55TH STREET
SUITE 511
COOPER CITY, FL 33330

FEI Number: 16-1639466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

DIAZ, RENE
2320 PONCE DE LEON BLVD
2ND FLOOR
CORAL GABLES, FL 33134 US

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: RENE DIAZ

05/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

05/29/2008

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