

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 010 ****55.00

DOCUMENT # L03000010046

1. Entity Name

AUTO FINANCE FUND, LLC



Principal Place of Business

601 SOUTH SEAS DRIVE
UNIT #202
JUPITER FL 33477

Mailing Address

601 SOUTH SEAS DRIVE
UNIT # 202
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1818169

Applied For

Not Applicable

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

SOLOMON, MARC I
2385 EXECUTIVE CENTER DRIVE
SUITE # 190
BOCA RATON FL 33431

Name

ANTHONY SAMUEL LAZZARA
Street Address (P.O. Box Number is Not Acceptable)
601 South Seas Drive
202

City

Jupiter Florida

FL

Zip Code

33477

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing registered agent)

Mr. Anthony S. Lazzara
601 S Seas Dr # 202
Jupiter, FL 33477

for with, and accept

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAZZARA, ANTHONY S
601 SOUTH SEAS DRIVE, UNIT #202
JUPITER FL 33477 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate, and that my signature shall have the same effect as the signature of the limited liability company or the receiver or trustee empowered to execute this report.

Mr. Anthony S. Lazzara
601 S Seas Dr # 202
Jupiter, FL 33477

I further certify that the information is true and accurate, and that my signature shall have the same effect as the signature of the managing member or manager of the

SIGNATURE:

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

Date

Daytime Phone #

2-22-05 661-801-0410