

Amended 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042502 1. Entity Name AFY MANAGEMENT, LLC				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS NOV -2 AM 9:31	
Principal Place of Business 3203 LITTLE COUNTRY ROAD PARRISH, FL 34219			Mailing Address 3203 LITTLE COUNTRY ROAD PARRISH, FL 34219		
2. Principal Place of Business Le Cigar Suite, Apt. #, etc. 425 12th St W City & State Bradenton FL Zip 34205 Country Manatee		3. Mailing Address Suite, Apt. #, etc. 425 12th St W City & State Bradenton FL Zip 34205 Country Manatee			
5262005 Chg-LLC CR2E083 (10/03)				4. FEI Number 56-2426551	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YEARICK ALLEN F 3203 LITTLE COUNTRY ROAD PARRISH, FL 34219			7. Name and Address of New Registered Agent Name Allen F Yearick Street Address (P.O. Box Number is Not Acceptable) - 425 12th St W City Bradenton FL Zip Code 34205		
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			DATE 10/28/05		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEARICK, ALLEN F 3203 LITTLE COUNTRY RD. PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5417 Stoneybrook Lane Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. Lee Fjelstad 4435 Beauchamp Dr Sarasota FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert R Cox 1600 First Ave W Bradenton FL 34205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			DATE 10/28/05 DAYTIME PHONE # 941 920 6761		

941 308 2447