

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017118

Entity Name: AFP 7620 CARLYLE, LLC

FILED  
Apr 19, 2005  
Secretary of State

**Current Principal Place of Business:**

5401 COLLINS AVENUE  
SUITE 1013  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 COLLINS AVENUE  
SUITE 1013  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 20-0808012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLATT, FELICIA  
5401 COLLINS AVENUE  
SUITE 1013  
MIAMI BEACH, FL 33140 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PLATT, FELICIA  
Address: 5401 COLLINS AVENUE, #1013  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM ( ) Delete  
Name: PLATT, ANDREW S  
Address: 42 DIAMOND COURT  
City-St-Zip: GLEN ROCK, NJ 07452 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PLATT, ANDREW S  
Address: 43 BRADRICK LANE  
City-St-Zip: ALLENDALE, NJ 07401 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FELICIA PLATT

MGRM

04/19/2005

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