## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000038870

Entity Name: AF 1 SUBS, LLC

City-St-Zip:

FT. PIERCE, FL 34947

FILED Jan 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3304 ORANGE AVE FT. PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** 16263 MURCOTT BLVD LOXAHATCHEE, FL 33470 FEI Number: 20-1158978 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FITZGERALD, JOHN 1263 MURCOTT BLVD LOXAHATCHEE, FL 33470 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete FITZGERALD, JOHN Name: Name: Address: 16263 MURCOTT BLVD. Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: AYALA, CYNTHIA Name: Address: 16263 MURCOTT BLVD. Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition PRADILLA, PATRICIA Name: Name: Address: 3304 ORANGE AVE Address:

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.

City-St-Zip:

SIGNATURE: JOHN FITZGERALD MGR 01/29/2007