

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062187**

1. Entity Name  
**A&F ENTERPRISES, LLC**



Principal Place of Business 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066	Mailing Address 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
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**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-1531619</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.**  
**1177 S.E. 3RD AVENUE**  
**FT. LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000775767  
 01/08/08-80043-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELILLO, MICHAEL P 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLIGNOR, WILLIAM A 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *W. A. Flignor* **1-3-08** **(954)973-9666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #