2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State 05-11-2006 90018 031 ****50.00

Daytime Phone #

Principal Place of Business 7.55 MRS JOURS P.O. BOX 999" 90 L	1. Entity Name AFTCO, LLC							03-11-2000 9	0018 031	30.0	JO
Sules, Apt. #. etc. Sules, Apt. #. etc. Sules City & State City & City & State City & City & State City & City & State City & State City & State City &	1755 WEST (DLIVE ST	******			10031370	ŀ				
City & State City & State City & State City & State S	2. Principal Place of Business			3. Mailing Address							
ZP Country Zp Country S. Centricate of Status Desired Special School Additional Per Regulator Special School Additional Per Regulator Special Address of How Registered Agent AIRTH, HAL A JR Special	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E083	(11/05)	
Security	City & State			City & State			4. FEI Numb	per 70116 20-1	8701106	App	
AIRTH, HAL A JR SOD SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familier with, and accept the chilgistons of registered agent. SIGNATURE City FL Zip Code	Zip	Zip Country		Zip	p Country				□ \$5	.00 Addi	tional
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code The abbove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$50,00 Full by May 1, 2006 Make check payable to Florida Department of Registeria Agentable NAME STRET ADDRESS OTH -SI-ZP THE MARKELAND, FL 33813 O	6. Name and Address of Current			egistered Agent							
SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 City FL Zip Code City FL Zip Cod	AIDTH HA	N A 1D			ļ	Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am terminiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipsed or printer name of laguages of special and size it applicable. (NOTE: Registered Apont agrisus its name or management of State	500 SOUTH FLORIDA AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature	LAKELANI	D, FL 33801									}
the obligations of registered agent. SIGNATURE Filling Foe is \$50,00 Due by May 1, 2006 MANAGING MEMBERS / MANAGERS MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARE Gelete TITLE MAKE Gelete TITLE Gelete TITLE MAKE Gelete TITLE Gelete TITLE						City			FL	Zip Code	
Filling Foo is \$50.00 Make check payable to Fiored Department of State 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES Addition Addi											
Filling Foo is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME JARRELL, ALBERT SIBET MORESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST	SIGNATURE										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition		Signature, typed or printed h	ame or registered agent ar	to title if applicable. (NO)	E: megistered	Agent signature requir	rec when reinstating)		DATE		
TITLE NAME JARRELL, ALBERT STREET ADDRESS CITY-ST-ZP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-Z	Filing Fee is \$50.00 Due by May 1, 2006										,
NAME SIREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	9.	MA	NAGING MEMBER	I RS/MANAGERS	10.	. <u></u>		ADDITIONS.	/CHANGES		
STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE										Change	☐ Addition
CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST						1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C		1									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE			☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP ITILE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T		1									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME	l .	1				l l					Ì
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE			☐ Delete	TITLE				Ē	Change	Addition
CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP 11. hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I have been dependent of the property of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I have been dependent of the property of the propert	NAME										į
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY	•										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				D Delete					_) Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI				Li Delete					<u> </u>	1 onenge	
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A											
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 is firsted on this report is true and accurate and that the singular shall have the same legal effect as if made under path; that I am a magazing member or manager of the	CITY-ST-ZIP							<u> </u>		1 01	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Inereby 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 in cities of the control	Į.	ļ		☐ Delete					L_] Change	Addition '
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. Inereby certify that the information supplied with this titing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is informed on this capacity true and accurate and that the signature shall have the same legal effect as if made under path; that I am a magazing member or manager of the						1					!
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this tring does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is directed on this cond is true and accurate and that the single true and accurate and the single true and accur					CITY	-ST-ZIP			_		
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this tring does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indirected on this contained in the control of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indirected on this control of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in the control of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in the control of	TITLE			☐ Delete						Change	Addition
CITY-ST-ZIP 11. I hereby certify that the information supplied with this tring does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is directed on this contribution and accurate and that the singular shall have the same legal effect as if made under path; that I am a magazing member or manager of the											
11. Thereby certify that the information supplied with this tring does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indirected on this contribution and accurate and that the signature shall have the same legal effect as if made under path; that I am a managing member or manager of the							•				*
Emited liability company or the consist or flucted adiagnostical to evacute this conortice required by Chanter 609. Elected Statutes	11. I hereby	d an this ranget is true	and accurate and	that i nv cianature chall have	e the same	e legal effect as i	it made under na	ith: that I am a mana	further certify that ging member of	at the info r manage	rmation er of the