2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam AF_G SOL	ie	# L04000091	·		04-19-2005 90016 007 ****55.00					
Principal Plac	e of Busines	s		<u> </u>			-			
87 MARKHAM E 87 MARKHAM E 58 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 3										
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2. Principal P	lace of Busir	ness	3. Mailing Address							
- Suite, Apt. #, erc.			Suite, Apt. #, etc.			02022005 Chg-LLC CR2E083 (10/03)				
City & State			City & State			4. FEI Number Applied For Not Applicable				
Zip	Zip Country		Zip Count		itry	5. Certificat	e of Status Desired	₽	\$5.00 Add	litional
6. Name and Address of Current R			Registered Agent				d Address of New F	legistered		-
GABRIEL, ALLEN					Name ·		·•		_	
87 MARKE	HAM E	I EL 22442			Street Address (P.O. Box Number is Not Acceptable)					
DEEKFIEL	D BEACE	H, FL 33442								
•					City			FI	Zip Code	9
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 Signature, typed or printed name of registered agent and tide 4 applicable. (NOTE: Registered Agent signature required when renstating) DATE										
ay saute, yard of parties in the parties agent and the a approade. (HOTE: neglected Agent signature required when (ensaging) DATE										
Filing Fee is \$50.00 Due by May 1, 2005									payable to nent of State	-
9.		MANAGING MEMBE	_	10.			ADDITIONS	/CHANGE		
TITLE NAME	MGRM GABRIEL	., ALLEN	Delete	TITL NAM	-				☐ Change	☐ Addition
STREET ADDRESS	87 MARK				SZERDOA TEE		-			
CITY-ST-ZIP	DEERFIE	LD BEACH, FL 33442	☐ Delete	TITL	r-ST-ZIP				☐ Change	☐ Addition
NAME 1.11			□ Dele.e	NAM	1E				Orlange	
STREET ADDRESS CITY ST-ZIP	1 -				EET ADORESS (-ST-ZIP					
TITLE -			Delete	TITL	E		•		☐ Change	Addition
*NAME * STREET ADDRESS	'			NAM	IE " - " EET ADDRESS					
- CHY+ST-ZIP			-		-ST-ZIP				•	
TITLE	_		☐ Delete	TITL	I				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	 - -	· *************	بالرابات المجارات المجارات المسامية		EET ADDRESS					
TITLE .			☐ Delete	TITL	E				☐ Change	Addition
NAME Street address				NAM STRI	EET ADDRESS					
CITY+ST+ZIP I			.:	CITY	'-SI-ZIP					
. TITLE			☐ Delete	TITL	ı				☐ Change	☐ Addition
STREET ADDRESS		•	- ,	STR	EET ADORESS					
CITY-ST-ZIP	certify that th	e information supplied with	this filing does not qualify for		rest-ZIP	ction 119.07/3	N(i) Florida Statutes	I further co	ertify that the in	nformation
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 register appropried to execute his report as required by Chapter 608, Florida Statutes.										
SIGNATURE: / DELLING (ALLEN GABRIEL) 4,16.2005 954-725-0690										
SIGNATURE: SIGNATURE AND TYPEDOR PROTED NAME OF SIGNING MANAGEN OR AUTHORIZED REPRESENTATIVE Date D										