2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000039241

Entity Name: A.F.M.&K., L.L.C.

Current Principal Place of Business:

909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 20-4326483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY ESQUIRE
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ANCHORS, C L ESQUIRE	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	
Title:	MGRM	( ) Delete
Name:	FOSTER, W S ESQUIRE	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	
Title:	MGRM	( ) Delete
Name:	MCINNIS, C J ESQUIRE	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	
Title:	MGRM	( ) Delete
Name:	KEEFE, LAWRENCE ESQUIRE	
Address:	909 MAR WALT DRIVE, SUITE 1014	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: C. LEDON ANCHORS MGRM 04/30/2008

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