


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90024 024 \*\*\*\*50.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L05000069756</b><br>1. Entity Name<br><b>AF&amp;S TOWERS, LLC</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>400 ROYAL PALM WAY<br/>SUITE 304<br/>PALM BEACH, FL 33480</b>  |   |   | Mailing Address<br><b>400 ROYAL PALM WAY<br/>SUITE 304<br/>PALM BEACH, FL 33480</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FCI Number<br><b>20-3152421</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMSES, ROBERT G<br/>400 ROYAL PALM WAY<br/>SUITE 304<br/>PALM BEACH, FL 33480</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span> |   |  |
| 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 <u><i>Robert G. Simes</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | DATE <u>4-4-07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>                                      |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>ABRAHAM, CAPPY L<br>44 COCOANUT ROW, #L103<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>SMITH, LESLY<br>300 CHAPEL HILL ROAD<br>PALM BEACH, FL 33480       | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete   |  |   |  |
| 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: <u><i>Robert G. Simes</i></u>   |   | DATE <u>4-4-07</u>  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |  |   |  |

20-3154741  
60032377



04032007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Robert G. Simes* DATE 4-4-07  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007  
Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES           |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>FARINAS, ALINA<br>225 BAHAMA LANE<br>PALM BEACH, FL 33480          | <input type="checkbox"/> Delete |  |
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SIGNATURE: *Robert G. Simes* DATE 4-4-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE