

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90034 024 ****50.00

DOCUMENT # L05000096693

1. Entity Name
AFDC PANAMA CITY I, LLC



Principal Place of Business
1211 WEST THARPE STREET
TALLAHASSEE, FL 32303

Mailing Address
1211 WEST THARPE STREET
TALLAHASSEE, FL 32303

2. Principal Place of Business
3518 EAST 15TH STREET
Suite, Apt. #, etc.

3. Mailing Address
3518 EAST 15TH STREET
Suite, Apt. #, etc.



03152006 Chg-LLC CR2E083 (11/05)

City & State
PANAMA CITY, FL
Zip
32404-5831
Country
USA

City & State
PANAMA CITY, FL
Zip
32404-5831
Country
USA

4. FEI Number 32-0162469
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANDY, ANDRE
3212 15TH STREET EAST
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name KANDY, ANDRE
Street Address (P.O. Box Number is Not Acceptable)
3518 EAST 15TH STREET
City PANAMA CITY FL Zip Code 32404

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 of person or entity named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME AFDC FLORIDA, P.A.
STREET ADDRESS 1211 WEST THARPE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME AFDC FLORIDA, P.A.
STREET ADDRESS 3518 EAST 15TH STREET
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/06

850-785-0102

Date

Daytime Phone #