

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2006 90034 022 \*\*\*\*50.00

**DOCUMENT # L05000096989**

1. Entity Name  
**AFDC PANAMA CITY II, 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  
**32-0162467** 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  **3/15/06**  
(NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

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

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

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TITLE  
NAME ☐ Change ☐ Addition  
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 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** **850-769-5443**  
Date Daytime Phone #