

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012175

FILED  
May 29, 2008  
Secretary of State

Entity Name: A.F. OF SNOW SHOE MOUNTAIN, LLC

## Current Principal Place of Business:

12323 SW 55TH STREET  
SUITE 1007  
COOPER CITY, FL 33330 US

## New Principal Place of Business:

## Current Mailing Address:

12323 SW 55TH STREET  
SUITE 1007  
COOPER CITY, FL 33330 US

## New Mailing Address:

12240 SW 53RD STREET  
SUITE 511  
COOPER CITY, FL 33330 US

FEI Number: 20-4238945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DIAZ, RENE  
12323 SW 55TH STREET  
SUITE 1007  
COOPER CITY, FL 33330 US

## Name and Address of New Registered Agent:

DIAZ, RENE  
2320 PONCE DE LEON BLVD  
2ND FLOOR  
CORAL GABLES, FL 33134 US

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: RENE DIAZ

05/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FERNANDEZ, ALEX  
Address: 12323 SW 55TH STREET SUITE 1007  
City-St-Zip: COOPER CITY, FL 33330 US

## ADDITIONS/CHANGES:

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: ALEX FERNANDEZ

MGRM

05/29/2008

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