### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L06000104853

1. Entity Name

AFTÉRNOON INVESTMENTS, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2376 WINDSOR OAKS AVE. LUTZ, FL 33549 2376 WINDSOR OAKS AVE. LUTZ, FL 33549



## DO NOT WRITE IN THIS SPACE

04272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5795020

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARK, PAYNE 16704 WHISPERING GLEN DRIVE LUTZ, FL 33558

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stat	te of Florida I an	n familiar with, and accept
	the obligations of registered agent.		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

MANACINIC MEMBERS MANACESS

(NOTE: Registered Agent signature required when reinstating)

\_\_\_\_05/27/03\_00000356228 \_\_\_\_05/27/03\_00002 007\_138.7º

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	9.	MANAGING MEMBERS/MANAGERS			
	TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM KARABIN, LAWRENCE 2376 WINDSOR OAKS AVE. LUTZ, FL 33549			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY+SI-ZIP				
	TITLE NAME STREET ADDRESS : CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
ĺ	11. I hereby certify that the information supplied with this filing does not qualify for the e				

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1 4

813.7493212

Date

Daytime Phone i