

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020625

Entity Name: AFE, LLC.

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

5150 PALM VALLEY RD.  
SUITE 210  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

5150 PALM VALLEY RD.  
SUITE 210  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

5150 PALM VALLEY RD.  
SUITE 208  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

5150 PALM VALLEY RD.  
SUITE 208  
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-8471843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STONE, SUSAN A  
13121 EASON ISLAND CT.  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR. ( ) Delete  
Name: STONE, SUSAN A MRS.  
Address: 13121 EASON ISLAND CT.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MBR. ( ) Delete  
Name: ARMSTRONG, PAUL J MR.  
Address: 417 ST. JOHNS GOLF DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN A STONE

MGR

01/26/2009

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