2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L08000032222

Entity Name: AFT, FORSYTH & BENT, LLC

Current Principal Place of Business:

400 ROYAL PALM WAY, SUITE 410
PALM BEACH, FL 33480

New Principal Place of Business:

400 ROYAL PALM WAY
SUITE 410
PALM BEACH, FL 33480

Current Mailing Address:

400 ROYAL PALM WAY, SUITE 410
PALM BEACH, FL 33480

New Mailing Address:

400 ROYAL PALM WAY
SUITE 410
PALM BEACH, FL 33480

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, AMY E
700 NORTH OLIVE AVE., SUITE #2
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LARRY, AFT N
400 ROYAL PALM WAY
410
WEST PALM BEACH, FL 33480 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: LARRY AFT 03/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AFT, FORSYTH & COMPA, NY, INC.
Address: 400 ROYAL PALM WAY, SUITE 410
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete
Name: BRUCE BENT ASSOCIATE, S, INC.
Address: 17 GOLF VIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

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: LARRY AFT MGR 03/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date