

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90017 013 \*\*\*\*50.00

**DOCUMENT # L99000008228**

1. Entity Name

**A.F. CAPITAL PARTNERS L.L.C.**

Principal Place of Business

**313 1/2 WORTH AVE. SUITE B3  
PALM BEACH FL 33480**

Mailing Address

**313 1/2 WORTH AVE. SUITE B3  
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0967763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ALTMAN, ROBERT  
313 1/2 WORTH AVE. SUITE B3  
PALM BEACH FL 33480**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGRM  
ALTMAN, ROBERT  
313 1/2 WORTH AVE. SUITE B3  
PALM BEACH FL 33480**

TITLE ☐ Delete

**MGRM  
WEITZ, ETHAN  
313 1/2 WORTH AVE. SUITE B3  
PALM BEACH FL 33480**

TITLE ☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *ROBERT ALTMAN***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)