



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90071 038 \*\*\*\*50.00

<b>DOCUMENT # L99000008228</b> 1. Entity Name <b>A.F. CAPITAL PARTNERS L.L.C.</b>					
Principal Place of Business <b>185 EAST 85TH STREET, 17H NEW YORK, NY 10028</b>			Mailing Address <b>185 EAST 85TH STREET, 17H NEW YORK, NY 10028</b>		
2. Principal Place of Business <b>1070 PARK AVENUE</b>		3. Mailing Address <b>1070 PARK AVENUE</b>		  03052004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. <b>APT. # 2D</b>		Suite, Apt. #, etc. <b>APT. # 2D</b>			
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>			
Zip <b>10128</b>		Zip <b>10128</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>65-0967763</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>SCHAIN, RONALD 2699 STIRLING ROAD, B-206 FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ROBERT 185 EAST 85TH STREET STE 17H NEW YORK, NY 10028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 185 EAST 85TH STREET NEW YORK, NY 10028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 1070 PARK AVENUE APT. # 2D NEW YORK, NY 10128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 1070 PARK AVENUE APT. # 2D NEW YORK, NY 10128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 1070 PARK AVENUE APT. # 2D NEW YORK, NY 10128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 1070 PARK AVENUE APT. # 2D NEW YORK, NY 10128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ALEXANDRA 1070 PARK AVENUE APT. # 2D NEW YORK, NY 10128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <i>[Signature]</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<b>X 3/17/03</b> Date	
<b>722 808-3491</b> Daytime Phone #					