


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

Principal Place of Business 185 EAST 85TH STREET, 17H NEW YORK, NY 10028	Mailing Address 185 EAST 85TH STREET, 17H NEW YORK, NY 10028
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2. Principal Place of Business 1070 PARK AVENUE Suite, Apt. #, etc. APT. # 2D City & State NEW YORK, NY Zip 10128	Country US	3. Mailing Address 1070 PARK AVENUE Suite, Apt. #, etc. APT. # 2D City & State NEW YORK, NY Zip 10128	Country US
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03052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0967763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAIN, RONALD  
 2699 STIRLING ROAD, B-206  
 FORT LAUDERDALE, FL 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALTMAN, ROBERT 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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.

SIGNATURE: *Ronald Altmann* X 3/17/03 722 808-3491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #