

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008228

1. Entity Name
A.F. CAPITAL PARTNERS L.L.C.



Principal Place of Business
1070 PARK AVENUE
APT. #2D
NEW YORK, NY 10128 US

Mailing Address
1070 PARK AVENUE
APT. #2D
NEW YORK, NY 10128 US



03042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Altman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/05

**Filing Fee is \$50.00
Due by May 1, 2005**

000000260008
03/12/05-80006-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALTMAN, ROBERT
1070 PARK AVENUE APT. #2D
NEW YORK, NY 10128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALTMAN, ALEXANDRA
1070 PARK AVENUE APT. #2D
NEW YORK, NY 10128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/05

212 534-5666