## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 

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

## FILED Jan 29, 2008 8:00 am Secretary of State

01-29-2008 90063 008 \*\*\*138.75

60004553



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0967763 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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

	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, the obligations of registered agent.	I am familiar with, and accept
SIC	2NATI (DE	

., (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75



MANAGING MEMBERS/MANAGERS MGRM TITLE ALTMAN, ROBERT NAME 1070 PARK AVENUE APT, #2D STREET ADORESS CITY-ST-7IP NEW YORK, NY 10128 TITLE 1070 PARK AVENUE 1 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: XOUTALL - Rober + ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

xipilos

X212534-5666

Date

Daytime Phone #