

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90013 038 ****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

185 EAST 85TH ST., 17TH

3. Mailing Address

Suite 45 2.

Suite, Apt. #, etc.

17TH

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

Zip

10018

Country

USA

Zip

Country

4. FEI Number

65-0967763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALTMAN, ROBERT	
STREET ADDRESS	313 1/2 WORTH AVE. SUITE B3	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALTMAN, ALEXANDRA	
STREET ADDRESS	185 EAST 85TH STREET	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	185 EAST 85TH STREET, SUITE 17H
CITY-ST-ZIP	NEW YORK, N.Y. 10018
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

4/16/03

9549620611

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

Date

Daytime Phone #

CR2E083 (10/02)