2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008832

1. Entity Name

THE AF PETERSENS, LLC

FILED

01 MAR 12 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 190060 MIAMI FL 33119-0060	P.O. BOX 190060 MIAMI FL 33119-0060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip   Country   Zip   Country

4. FEI Number 65-0968269   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $.00 Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SPILLANE, J P 12788 W. FOREST HILL BLVD., SUITE 2005 WELLINGTON FL 33414	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.

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 Department of State

9.	**MANAGING MEMBERS / MEMBERS**		**10.**	**ADDITIONS / CHANGES**	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AF PETERSENS, JAN P.O. BOX 190060 MIAMI FL 33119-0060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000385427D—0 —03/15/01—01067—027 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _Jan AF Petersens_ REQUIRED   1/30/2001   305-534-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #