

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008832

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** THE AF PETERSENS, LLC

**Current Principal Place of Business:**

P.O. BOX 190060  
MIAMI, FL 331190060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190060  
MIAMI, FL 331190060

**New Mailing Address:**

**FEI Number:** 65-0968269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPILLANE, J P  
12788 W. FOREST HILL BLVD., SUITE 2005  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AF PETERSENS, JAN  
Address: P.O. BOX 190060  
City-St-Zip: MIAMI, FL 331190060

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

**PRES**

**04/26/2006**

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date