


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 015 ****55.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # M05000002665 1. Entity Name AFT HOLDINGS LLC | | | |  | |
| Principal Place of Business 84 NEWTOWN PLAZA PLAINVIEW, NY 11803 | | | Mailing Address 84 NEWTOWN PLAZA PLAINVIEW, NY 11803 | | |
| 2. Principal Place of Business | | 3. Mailing Address 4327 S. Highway 27 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 304 | | | |
| City & State | | City & State Clermont, FL | | | |
| Zip | Country | Zip 34711 | Country USA | 02152006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 74-3068173 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LAVELLE, PATRICIA 4327 S HIGHWAY 27 STE 306 CLERMONT, FL 34711 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u><i>Patricia Lavelle</i></u> DATE <u>2/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CUNNINGHAM, ANDREW 84 NEWTOWN PLAZA PLAINVIEW, NY 11803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Office Manager Patricia Lavelle 4327 S. Highway 27 - Suite 306 Clermont, FL 34711 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing 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: <u><i>Patricia Lavelle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>2/20/06</u> <u>352-536-6830</u> <small>Date Daytime Phone #</small> | | |

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PAGE 01



Attachment
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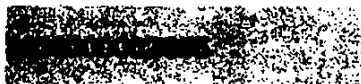
AFT HOLDINGS LLC
84 NEWTOWN PLAZA
PLAINVIEW NY 11803-4508

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