


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002665 1. Entity Name AFT HOLDINGS LLC	
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Principal Place of Business 84 NEWTOWN PLAZA PLAINVIEW, NY 11803	Mailing Address 4327 S. HWY 27 STE. 366 CLERMONT, FL 34711
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01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3068173	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LAVELLE, PATRICIA 4327 S HIGHWAY 27 STE 306 CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, ANDREW 84 NEWTOWN PLAZA PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVELLE, PATRICIA 4337 S. HWY. 27, STE. 306 CLERMONT, FL 34711
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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: *Patricia Lavelle*

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

Date

Daytime Phone #

4/16/07