


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

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

DOCUMENT # M05000002665
 1. Entity Name
AFT HOLDINGS LLC



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
5. Certificate of Status Desired <input 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**

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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 _____ (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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 05/01/07-80019-022 50.00

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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* **4/16/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #