


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017707
 1. Entity Name
ALTERNATIVE FINANCING AND LEASING, LLC



Principal Place of Business Mailing Address
1700 SUMMIT LAKE DR. **1700 SUMMIT LAKE DR.**
TALLAHASSEE, FL 32317 **TALLAHASSEE, FL 32317**

DO NOT WRITE IN THIS SPACE



04142006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
04-3695844 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS, FRED F JR
101 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301

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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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEARNEY, RICHARD S MR 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317
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 05/12/06-80009-016 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: *Richard S Kearney* 4-20-06 850-219-5221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #