2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # L02000019891 04-10-2006 90040 017 ****50.00 1. Entity Name AFFORDABLE LEASING LLC Mailing Address Principal Place of Business 610 NORTH DIXIE HIGHWAY 610 NORTH DIXIE HIGHWAY LANTANA, FL 33462 LANTANA, FL 33462 3. Mailing Address 2. Principal Place of Business 1801 S. FEDERAL HWY 18015. FEDERAL HILHWAY CR2E083 (11/05) Chg-LLC 03092006 Applied For Sui+6300 4. FEI Number Not Applicable 13-4206216 City & State \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARK, MICHAEL G ESQ. 1801 S. FEDERAL HUY 640 NORTH DIXIE HIGHWAY STE 300 LANTANA, FL 33462 DELRAY BEACH, PL Zip Code City 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. (NOTE; Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Florida Department of State Filing Fee is \$50.00 Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change Addition 9. TITLE Delete MGRM TITLE NAME STREET ADDRESS 1801 5, FETERAL HWY. 1 STE 300 GOLDSTEIN, JON NAME DELLEY BLUCK Lr 33483 640 NORTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 ☐ Addition Change CITY-ST-ZIP TITLE Delete TITLE 1801 S. FERERAL HWY. 1 STE 300 NAME PARK, MICHAEL NAME STREET ADDRESS DELEAU BEACH, FL 3348) 610 NORTH DIXTE HIGHWAY STREET ADDRESS CITY - ST - ZIP LANTANA, FL 33462 Addition T1 Change CITY-ST-ZIP TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Addition ☐ Change CITY+ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition Change CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ☐ Change Addition CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurate empowered to execute this report as required by Chapter 608, Florida Statutes. (61.582-4434 3/13/06 JREY MICHAEL PALIS MERTA SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

FILED