2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019891

1. Entity Name
AFFORDABLE LEASING LLC



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1801 S FEDERAL HWY

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STE 300 DELRAY BEACH, FL 33483 STE 300 DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4206216 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

: U00000845220 03/13/08-80030-010.138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PARK, MICHAEL NAME 1801 S FEDERAL HWY, STE 300 STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-7/P MGRM TITLE CHERRY, MARTY NAME 1801 SOUTH FEDERAL HWY SUITE 300 STREET ADDRESS CITY-ST-7IP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MGRM

2/19/08

(561) 454-7404

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

De

Daytime Phone #