

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049107

FILED
Mar 07, 2005
Secretary of State

Entity Name: AFFORDABLE MANAGEMENT ORLANDO, LLC

Current Principal Place of Business:

2791 RUNYON CIR
ORLANDO, FL 32837 US

New Principal Place of Business:

535 GREENBRIER AVE
CELEBRATION, FL 34747 US

Current Mailing Address:

2791 RUNYON CIR
ORLANDO, FL 32837 US

New Mailing Address:

535 GREENBRIER AVE
CELEBRATION, FL 34747 US

FEI Number: 45-0528529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: KINSER, BRUCE
Address: 2791 RUNYON CIR
City-St-Zip: ORLANDO, FL 32837 US

Title: DIR () Delete
Name: KINSER, IRMGARD
Address: 2791 RUNYON CIR
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KINSER, IRMGARD
Address: 535 GREENBRIER AVE
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM (X) Change () Addition
Name: KINSER, BRUCE
Address: 535 GREENBRIER AVE
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE KINSER

MGRM

03/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date