2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039557

1. Entity Name
AFFORDABLE SCREENING, L.L.C.



FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

340 20TH STREET NE NAPLES, FL 34120 Mailing Address

340 20TH STREET NE NAPLES, FL 34120



02102007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-1086852		Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEBORGNE, JEREMY 340 20TH STREET NE NAPLES, FL 34120

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changons of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when rematating)	DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2007	i i	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEBORGNE, JEREMY 340 20TH STREET NE NAPLES, FL 34120		U00000694148 04/17/07-80004-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS C(TY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE (; NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lis	certify that the information supplied with this filing does not on this report is true and accurate and that my signature stability company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter half have the same legal effect as if made under cute this report as required by Chapter 608, Flori	19, Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the ida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE