

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000045883

FILED
Mar 15, 2005
Secretary of State**Entity Name:** AFFORDABLE PROPERTY SOLUTIONS, LLC**Current Principal Place of Business:**31 HURST AVE.
HORSHAM, UK RH122EL**New Principal Place of Business:****Current Mailing Address:**31 HURST AVE.
HORSHAM, UK RH122EL**New Mailing Address:****FEI Number:** 98-0446277**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OHAB AND COMPANY, P.A.
100 E. SYBELIA AVENUE
SUITE 130
MAITLAND, FL 32751 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: MGRM (X) Delete
Name: AFFORDABLE PROPERTY, SOLUTIONS LIM I E D
Address: 31 HURST AVE.
City-St-Zip: HORSHAM, UK RH122EL UK

Title: MGR () Delete
Name: BYRNE, VALENTINE P
Address: 31 HURST AVENUE
City-St-Zip: HORSHAM, UK RH122EL UK

Title: MGR () Delete
Name: MATTHEWS, MARC E
Address: 73 SPRINGFIELD PARK
City-St-Zip: MAIDENHEAD, UK SL61YU UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VALENTINE BYRNE

MGR

03/15/2005

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