


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000048727**

1. Entity Name  
AFFORDABLE HOUSING NETWORK LLC



Principal Place of Business 3200 N FEDERAL HIGHWAY #221 BOCA RATON, FL 33431 US	Mailing Address 3200 N FEDERAL HIGHWAY #221 BOCA RATON, FL 33431 US
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**DO NOT WRITE IN THIS SPACE**



03122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1309425	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUALTIERI, FRANK  
2721 NW 28TH TERRACE  
BOCA RATON, FL 33434

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUPELLI, RICHARD 3200 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUALTIERI, FRANK 2721 NW 28TH TERRACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIELBANIA, KENNETH 1209 NW 16TH ST BOCA RATON, FL 33486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80032-008 55.00

**DO NOT WRITE  
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_