


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000082706 1. Entity Name FLORIDA AFFILIATES, LLC	
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Principal Place of Business 3277 FRUITVILLE ROAD D2 SARASOTA, FL 34237	Mailing Address 3277 FRUITVILLE ROAD D2 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1278755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLUM, KEVIN R 3277 FRUITVILLE ROAD D2 SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____


**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUM, KEVIN R 3277 FRUITVILLE ROAD D2 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUMBERSTON, YVONNE J 5110 NORTHRIDGE ROAD, #308 SARASOTA, FL 34238
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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:  **7/6/07** **(440) 729-8284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #