## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000083818

1. Entity Name

AFFORDABLE BUSINESS COMMUNICATIONS, LLC



FILED Feb 15, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1025 SOUTH MULBERRY STREET MONTICELLO, FL 32344 US

1025 SOUTH MULBERRY STREET MONTICELLO, FL 32344 US



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01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1902846 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOXLEY, WALTER T 1025 SOUTH MULBERRY STREET MONTICELLO, FL 32344

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		บอกกละจาวละ
TITLE Name Street address City-St-Zip	MGR MOXLEY, WALTER T 1025 SOUTH MULBERRY STREET MONTICELLO, FL 32344	0.	000000637206 02/26/07-80049-023 50.09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOXLEY, DANA D 1025 SOUTH MULBERRY STREET MONTICELLO, FL 32344		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			
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.			

ORIZED REPRESENTATIVE