

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000038379

**1. Entity Name
AFFORDABLE LLC**



Principal Place of Business

**1314 EAST CAPE CORAL PARK WAY #204
CAPE CORAL, FL 33904**

Mailing Address

**1314 EAST CAPE CORAL PARK WAY #204
CAPE CORAL, FL 33904**



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2737364

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SENDRA, JOSE A
1314 EAST CAPE CORAL PARK WAY #204
CAPE CORAL, FL 33904**

**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

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

TITLE	MGRM
NAME	SENDRA, JOSE A
STREET ADDRESS	1314 E CAPE CORAL PKWY # 204
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGR
NAME	PRESCOT, SOPHIA
STREET ADDRESS	1314 E CAPE CORAL PRWY # 204
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000622779
02/13/07-80040-001 50.00**

**DO NOT WRITE
IN THIS SPACE**

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

01/31/07 239-949-6777

Date

Daytime Phone #