

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045934

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** AFFORDABLE AUTO TRANSPORT LLC

**Current Principal Place of Business:**

1300 N FORT HARRISON AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1300 N FORT HARRISON AVE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FINLEY, MYRON G  
1221 ROGERS STREET  
SUITE B  
CLEARWATER, FL 33756 US

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOSHOF, GRANT A  
Address: 115 S MARS AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: BARRY, KIM L  
Address: 515 N MISSOURI AVE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: STANARD, JASON L  
Address: 15 N CIRUS AVE  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GRANT BOSHOF

MGR

07/05/2006

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