

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053717

Entity Name: AFFINITY FINANCIAL L.L.C

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

4802 TUDOR DR.
103
CAPE CORAL, FL 33904

Current Mailing Address:

4802 TUDOR DR.
103
CAPE CORAL, FL 33904

New Principal Place of Business:

5235 RAMSEY WAY
18
FORT MYERS, FL 33907

New Mailing Address:

5235 RAMSEY WAY
18
FORT MYERS, FL 33907

FEI Number: 20-2923764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSS, JOHN L JR
8320 GASSNER WAY
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

TERMECZ, JAMES A
4802 TUDOR DR
103
CAPE CORAL, FL 33904 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: JAMES A TERMECZ

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CROSS, JOHN L JR
Address: 8320 GASSNER WAY
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR (X) Delete
Name: TERMECZ, JAMES A
Address: 4802 TUDOR DR 103
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TERMECZ, JAMES A
Address: 4802 TUDOR DR #103
City-St-Zip: CAPE CORAL, FL 33904 US

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

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: JAMES A TERMECZ

MGR

01/05/2006

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