2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000018636

1. Entity Name

AFFORDABLE ANTENNA & SATELLITE SERVICE, LLC

Principal Place of Business	Mailing Address
4174 HIGHLAND LOOP NEW PORT RICHEY, FL 34652	4174 HIGHLAND LOOP NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
35-8484831	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUST, MICHAEL A
4174 HIGHLAND LOOP
NEW PORT RICHEY, FL 34652

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000372865
04/10/08-80056-001 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUST, MICHAEL A
STREET ADDRESS	4174 HIGHLAND LOOP
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Michael G. Gust_   MICHAEL GUST   3/18/08   MGMR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #