

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096016

**Entity Name:** AFFORDABLE PROPERTIES PLUS,LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

**New Principal Place of Business:**

12518 HIGHVIEW DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

**New Mailing Address:**

12518 HIGHVIEW DRIVE  
JACKSONVILLE, FL 32225

FEI Number: 20-5679273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOCKETT, DAVID M  
12518 HIGHVIEW DRIVE  
JACKSONVILLE, FL 32225 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: LOCKETT, DAVID M  
Address: 12518 HIGHVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: MGRM ( ) Delete  
Name: LOCKETT, SARAH G  
Address: 12518 HIGHVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: MGRM ( ) Delete  
Name: COLLINS, CHRISTIAN M  
Address: 10928 MORGAN HORSE DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32257

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID LOCKETT

MRG

04/28/2008

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