


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000000364 1. Entity Name AFFORDABLE QUALITY MANUFACTURED HOUSING, L.L.C.	
--	---

Principal Place of Business 2990 SW 54 DAVIE, FL 33314	Mailing Address 888 SOUTHEAST THIRD AVENUE 501 FORT LAUDERDALE, FL 33316
--	---

DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0893287	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE 501 FORT LAUDERDALE, FL 33316
--

DO NOT WRITE IN THIS SPACE

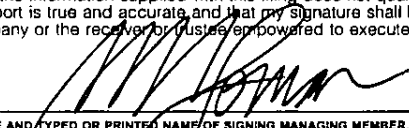

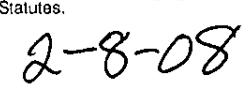
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMERON, CLAY 888 SE THIRD AVENUE, SUITE 501 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FORMAN, M. AUSTIN 888 SE THIRD AVENUE, SUITE 501 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FORMAN, WALTER 6254 MICHAEL STREET JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000932823 05/22/08-80070-007 138.75</p> 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: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date</small>		<small>Daytime Phone #</small>