

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064471

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** CASH FLOW BUSINESS SERVICES, LLC

**Current Principal Place of Business:**

2275 SOUTH FEDERAL HWY  
SUITE 130  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1730 SOUTH FEDERAL HWY  
SUITE 208  
DELRAY BEACH, FL 33483

**New Mailing Address:**

1730 SOUTH FEDERAL HWY  
SUITE 208  
DELRAY BEACH, FL 33483 US

FEI Number: 20-5102591      FEI Number Applied For ( )      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:**

FARINACCI, GLENN R  
1730 SOUTH FEDERAL HWY  
SUITE 208  
DELRAY BEACH, FL 33483 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: MGRM ( ) Delete  
Name: FARINACCI, GLENN R  
Address: 1730 SOUTH FEDERAL HWY, SUITE 208  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FARINACCI, GLENN R  
Address: 1730 SOUTH FEDERAL HWY, SUITE 208  
City-St-Zip: DELRAY BEACH, FL 33483 US

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: GLENN R FARINACCI

MGRM

09/12/2007

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