

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 25, 2008  
Secretary of State**

DOCUMENT# L07000095387

**Entity Name:** COLLATERAL REVIEW ASSOCIATES, LLC

**Current Principal Place of Business:**

1100 SE 58TH AVENUE  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4338  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

BARFIELD, TODD L  
1100 SE 58TH AVENUE  
OCALA, FL 34480 US

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

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: MGR ( ) Delete  
Name: BARFIELD, TODD L  
Address: 1100 SE 58TH AVENUE  
City-St-Zip: Ocala, FL 34480 US

**ADDITIONS/CHANGES:**

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: TODD L BARFIELD MGR 03/25/2008

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