


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

47. **FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90023 022 \*\*\*138.75

30007053

|   |   |
|---|---|
| <b>DOCUMENT # L07000099290</b>                    |  |
| 1. Entity Name<br><b>COLLATERAL RECOVERY, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6367-A EAST COLONIAL DRIVE<br/>ORLANDO, FL 32807 US</b> | Mailing Address<br><b>6367-A EAST COLONIAL DRIVE<br/>ORLANDO, FL 32807 US</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip Country                                    | Zip Country         |



04042008 Chg-LLC CR2E083 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>26-1160361</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b>                                | <b>7. Name and Address of New Registered Agent</b>                                |
| <b>ORNSTEIN, MARK L<br/>2 SOUTH ORANGE AVENUE<br/>5TH FLOOR<br/>ORLANDO, FL 32801</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DAVIS, MARC W<br>6367-A EAST COLONIAL DRIVE<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Marc W Davis **MARC W DAVIS** 4-4-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #