

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074428

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** COLLATERAL RECOVERY GROUP LLC

**Current Principal Place of Business:**

2210 HIBISCUS DRIVE  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

2210 HIBISCUS DRIVE  
SUITE TWO  
EDGEWATER, FL 32141 US

**Current Mailing Address:**

2210 HIBISCUS DRIVE  
EDGEWATER, FL 32141 US

**New Mailing Address:**

2210 HIBISCUS DRIVE  
SUITE TWO  
EDGEWATER, FL 32141 US

FEI Number: 26-3103000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAPINA & DUBOIS P.A.  
ATTN: SHANNON K. BALMER  
707 MENDHAM BOULEVARD, SUITE 100  
ORLANDO, FL 32825 US

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

LAPINA & DUBOIS P.A.  
ATTN: ERIC DUBOIS  
707 MENDHAM BOULEVARD, SUITE 100  
ORLANDO, FL 32825 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: SKB FOR ED

02/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: BALMER, SHANNON K

Address: 2210 HIBISCUS DRIVE, SUITE TWO

City-St-Zip: EDGEWATER, FL 32141

I hereby 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: SHANNON K. BALMER

MGR

02/22/2011

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