


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90080 019 ****50.00

DOCUMENT # M06000003356


1. Entity Name
MERCHANT CLEARING HOUSE, LLC



Principal Place of Business Mailing Address
3801 E PLANO PARKWAY, #100 **3801 E PLANO PARKWAY, #100**
PLANO, TX 75047 **PLANO, TX 75047**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
14100 San Pedro Ave. 14100 San Pedro Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 750 Ste. 750

City & State City & State
San Antonio, Texas San Antonio, Texas
 Zip Country Zip Country
78232 Mexico 78232 Mexico



02072007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

4. FEI Number Applied For
41-2149591 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GIBSON, JERRY D 3801 E PLANO PARKWAY, #100 PLANO, TX 75047 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, MICHAEL R 10102 EVANSTON LUBBOCK, TX 79424 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Peter Gorum Peter Gorum 2-28-07 210-495-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #