

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000724

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CFS OF FT. WALTON, FL, L.L.C.

**Current Principal Place of Business:**

428 MARY ESTHER CUTOFF, SUITE C  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

428 MARY ESTHER CUTOFF, SUITE C  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 36-4291338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: CONSUMER FINANCIAL SERVICES CORPORATION  
Address: 509 S GREEN BAY RD  
City-St-Zip: WAUKEGAN, IL 60085

Title: MGR ( ) Delete  
Name: BOWERS, GLORIA A  
Address: 428 MARY ESTHER CUTOFF, SUITE C  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CONSUMER FINANCIAL SERVICES CORPORATION  
Address: 300 S GREEN BAY RD  
City-St-Zip: WAUKEGAN, IL 60085

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: JEFFREY R. BRINCAT

PRES

04/13/2009

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