

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021644

Entity Name: FLORIDA RECOVERIES, L.L.C.

FILED  
Mar 28, 2007  
Secretary of State

**Current Principal Place of Business:**

ONE S.E. THIRD AVE.  
SUITE 2250  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

ONE S.E. THIRD AVE.  
SUITE 2250  
MIAMI, FL 33131

**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:**

AMKGS REGISTERED AGENTS, INC.  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVE.  
MIAMI, FL 33131 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:                      KALIL, CRAIG P  
Address:                      ONE SE THIRD AVENUE SUITE 2250  
City-St-Zip:                      MIAMI, FL 33131

**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 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: CRAIG P. KALIL                      MGR                      03/28/2007

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