2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000048791

Entity Name: EZ FINANCIAL, LLC

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD
SUITE 206
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1820 N CORPORATE LAKES BLVD
SUITE 206
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-4852299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORENZO, JOSE E
1820 N CORPORATE LAKES BLVD
206
WESTON, FL 33327 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:	MGRM	( ) Delete
Name:	BERTORELLI, RAFAEL J	
Address:	1820 N CORPORATE LAKES BLVD # 207	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	( ) Delete
Name:	SIFONTES, LUIS A	
Address:	1820 N CORPORATE LAKES BLVD. # 206	
City-St-Zip:	WESTON, FL 33326 US	
Title:	MGRM	( ) Delete
Name:	LORENZO, JOSE E	
Address:	1820 N CORPORATE LAKES BLVD. # 206	
City-St-Zip:	WESTON, FL 33326 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSE E. LORENZO MGMR 04/28/2008

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