

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021644

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

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

**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:**

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

AMKE REGISTERED AGENTS, L.L.C.  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVE.  
MIAMI, FL 33131 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR  
Name:                      KALIL, CRAIG P  
Address:                      ONE SE THIRD AVENUE SUITE 2250  
City-St-Zip:                      MIAMI, FL 33131

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:    CRAIG P. KALIL                      MGR                      04/21/2011

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