

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012495

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: OPERATIONAL COMPLIANCE SERVICES LLC

**Current Principal Place of Business:**

P.O. BOX 3116  
STUART, FL 34995

**New Principal Place of Business:**

2703 SW MATHESON AVE.  
A-2  
PALM CITY, FL 34990

**Current Mailing Address:**

P.O. BOX 3116  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 65-1128026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CZIZEK, ANNE C  
39 S.W. MONTEREY RD.  
STUART, FL 34994 US

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

CZIZEK, ANNE C  
2703 SW MATHESON AVE  
A-2  
PALM CITY, FL 34990 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:

04/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALVES, ADAM  
Address: 72 CANAL DRIVE  
City-St-Zip: BELCHERTOWN, MA 01007

Title: MGRM ( ) Delete  
Name: CZIZEK, ANNE C  
Address: P.O. BOX 3116  
City-St-Zip: STUART, FL 34995

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALVES, ADAM  
Address: 72 CANAL DRIVE  
City-St-Zip: BELCHERTOWN, MA 01007

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: ANNE C. CZIZEK

MGRM

04/29/2007

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