

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021644

**FILED  
Mar 28, 2007  
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:**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:

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Electronic Signature of Registered Agent

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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

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