

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT# L01000021644

**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:**

AMKE REGISTERED AGENTS, L.L.C.  
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  
**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

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