

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011038

FILED  
Apr 25, 2005  
Secretary of State

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

**Current Principal Place of Business:**

3333 N UNIVERSITY DR  
A  
DAVIE, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

3333 N UNIVERSITY DR  
A  
DAVIE, FL 33024

**New Mailing Address:**

**FEI Number:** 75-3051316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALTCHEK, IRA  
3333 N UNIVERSITY DR  
DAVIE, FL 33024 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: VENTIERA, JOHN  
Address: 3333 N UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33024

Title: MGRM ( ) Delete  
Name: ALTCHKEK, IRA  
Address: 3333 N UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33024

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: IRA ALTCHKEK

MGRM

04/25/2005

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