2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000001844

1. Entity Name
WORTH-IT FINANCE, LLC



Principal Place of Business

26 8TH ST., STE. 1 SHALIMAR, FL 32579 Mailing Address

26 8TH ST., STE. 1 SHALIMAR, FL 32579

FILED Aug 03, 2006 08:00 Al Secretary of State



07312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Appli	ed For
41-2070126	Not A	Applicable
5. Certificate of Status Desired	\$5.00 Additional	

Name and Address of Current Registered Agent

Signature: typed or printed name of registered agent and title if applicable

LIVESAY, JIM 26 8TH ST., STE. 1 SHALIMAR, FL 32579

DO NOT WRITE IN THIS SPACE

8.	8. The above named entity submits this statement for the purpose of changing its registered office	be or registered agent, or both, in the State of Florida. I	am familiar with, and accept
	the obligations of registered agent.		
_	01311471105		

Filing Fee is \$50.00 Due by September 6, 2006

9.	9. MANAGING MEMBERS/MANAGERS	
TATLE	MGRM	
MAME	KING, RON	
STREET ADDRESS	85 SARVIA RIDGE ROAD	
CITY-ST-ZIP	NORMANDY, TN 37360	
TITLE	MGR	
NAME	MARVEL, JEFFEREY B	
STREET ADDRESS	225 LAKE HILLS ROAD	
CITY-ST-ZIP	TULLAHOMA, TN 37388	
TITLE		
NAME		
STREET ADDRESS		
CITY+ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. Thereby	certify that the information supplied with this filing does not qualify for the e	

000000573273 08/03/06-80004-009 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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: Ron King
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING

UNG MANAGUNG MEMBER, OR AUTHORIZED REPRESENTATIVE

7/31/06

931.247.4738

Daytime Phone #