2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

ANNUAL REPURA				Teb 20, 200 / 00.00		
DOCUMENT # L03000002026					Secretary of Sta	
1. Entity Nam						
BILLS DI	SCOUNT CENTER, E.L.C.					
			OF WITH			
Principal Place 1001 9TH ST		Mailing Address 1001 9TH STREET WEST				
BRADENTON		BRADENTON, FL 34205				
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L ACC E	to the state of	The state of the s	Carlo	5. Certificate of Status Desired	55.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	J	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
MANNING	C WILLIAM			DO NOT W		
MANNING, C. WILLIAM 1001 9TH STREET WEST			12	DO NOT W		
BRADENT	ron, FL 34205		4 " 6 6	IN THIS SI	ACE COM	
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8. The above	e named entity submits this statement fo	r the purpose of changing its registe	red office or registe	red agent, or both, in the State of &	brida. I am familiar with, and accept	
the obligat	tions of registered agent.				.,	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Agent signature require	d when reinstating)	DATE	
}			<u> </u>			
	iling Fee is \$50.00 lue by May 1, 2007					
9.	MANAGING MEMBE	RS/MANAGERS	Sat.	TO A P. S. SOP. J. S.	The state of the s	
TITLE	MGRM					
NAME STREET ADDRESS	MANNING, C. WILLIAM 1001 9TH STREET WEST					
CITY-ST-ZIP	BRADENTON, FL 34205			and the state of the state of		
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CITY-ST-ZIP	 			452		
TITLE NAME			Mary Control			
STREET ANDRESS	. l				N. V.	

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: WILLIAMS OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

300 31,09 941-247-1010 Date Depting Prome 8