


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L03000022246 1. Entity Name P H G FINANCIAL RECOVERY SERVICES, LLC	
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Principal Place of Business 4950 W KENNEDY STE 101 TAMPA, FL 33609 US	Mailing Address P.O. BOX 26282 TAMPA, FL 33623 US
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01022007 No Chg-LLC

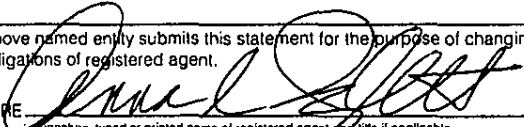
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1193720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent INGLETT, ANNA C 4950 W KENNEDY BLVD STE 101 TAMPA, FL 33609

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IN THIS SPACE**

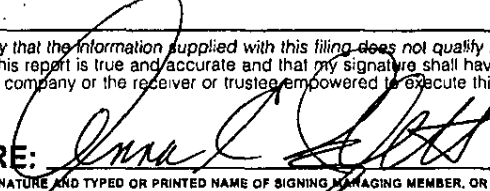
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/2/07 <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLETT, ANNA CECELIA 4950 W KENNEDY BLVD STE 101 TAMPA, FL 33609
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04/12/07-80011-025 50.00

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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:  DATE: 4/2/07 DAYTIME PHONE #: 813-367-0022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
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