

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032717

FILED
May 01, 2007
Secretary of State

Entity Name: HENRY FINANCIAL MANAGEMENT, L.L.C.

Current Principal Place of Business:

7562 NW 127TH MANOR
PARKLAND, FL 33076 US

New Principal Place of Business:

9600 W SAMPLE ROAD
505
CORAL SPRINGS, FL 330654037 US

Current Mailing Address:

P.O. BOX 670236
CORAL SPRINGS, FL 33067 US

New Mailing Address:

9600 W SAMPLE ROAD
505
CORAL SPRINGS, FL 330654037 US

FEI Number: 20-0213087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HENRY, TRAVIS J
7562 NW 127TH MANOR
PARKLAND, FL 33076 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HENRY, TRAVIS J
Address: 7562 NW 127TH MANOR
City-St-Zip: PARKLAND, FL 330764235 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HENRY, TWANA L
Address: 7562 NW 127TH MANOR
City-St-Zip: PARKLAND, FL 330764235 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRAVIS J HENRY

MGR

05/01/2007

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