

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037404

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: AUTOMATED CHECK RECOVERY, LLC

## Current Principal Place of Business:

6621 SOUTHPOINT DR NORTH  
STE 300  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

## Current Mailing Address:

6621 SOUTHPOINT DR NORTH  
STE 300  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

FEI Number: 57-1195850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: OCENTURE,  
Address: PO BOX 1559  
City-St-Zip: PONTE VEDRA BEACH, FL 32004 US

Title: MGRM ( ) Delete  
Name: OMNI MORTGAGE GROUP,, INC.  
Address: 336 VALLEY ROAD  
City-St-Zip: LAWRENCEVILLE, GA 30044 US

Title: MGRM ( ) Delete  
Name: BALANCED BENEFITS, I, NC.  
Address: 426 TOWNE VALLEY DRIVE  
City-St-Zip: WOODSTOCK, GA 30188 US

## ADDITIONS/CHANGES:

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

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: FRASER BURNS

MEMB

03/31/2004

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