2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# L03000037404

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/MANAGERS:

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 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: FRASER BURNS MGR 02/03/2006

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