

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041282

FILED
Sep 22, 2005
Secretary of State

Entity Name: FLORIDA REVENUE RECOVERY, LLC

Current Principal Place of Business:

C/O F&L CORP.
200 LAURA STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

C/O CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

C/O F&L CORP.
200 LAURA STREET
JACKSONVILLE, FL 32202

New Mailing Address:

C/O NORTHEAST FINANCIAL MANAGEMENT ASSOCIA
1480 BOSTON POST ROAD
OLD SAYBROOK, CT 06475

FEI Number: 20-0361797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MAUREEN CULLEN, ASS'T VP

09/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CROZIER, JAMES R III
Address: 250 STATE STREET, UNIT G-2
City-St-Zip: NORTH HAVEN, CT 06473

Title: MGR (X) Change () Addition
Name: CROZIER, JAMES R III
Address: 1480 BOSTON POST ROAD
City-St-Zip: OLD SAYBROOK, CT 06475

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: JAMES R. CROZIER, III

MR.

09/22/2005

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