

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047942

FILED
Feb 16, 2007
Secretary of State

Entity Name: CCS FINANCIAL SERVICES, L.L.C.

Current Principal Place of Business:

6340 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6340 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 06-1714026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSER, PAUL P
6340 NW 5 WAY
FT. LAUDERDALE, FL 33309 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: MGR () Delete
Name: HAUSER, PAUL P
Address: 6340 NW 5TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: HERSHMAN, BARRY E
Address: 1400 E. TOUHY AVE., SUITE 100
City-St-Zip: DES PLAINES, IL 60018

Title: MGR () Delete
Name: EAGER, ALLEN
Address: 1400 E. TOUHY AVE., SUITE 100
City-St-Zip: DES PLAINES, IL 60018

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: PAUL HAUSER

MGR

02/16/2007

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