

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051076

1. Entity Name

ADVANCED BILLING SERVICES, LLC



Principal Place of Business

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Mailing Address

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0481582

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, DAVID
C/O ABS
2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David Hirsch
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------|
| TITLE | MGRM |
| NAME | CONTA, RAYMOND A |
| STREET ADDRESS | 36 PEBBLE BROOK WAY |
| CITY- ST- ZIP | CHAPPAQUA, NY 10514 |
| TITLE | MGRM |
| NAME | COLLETTI, VINCENT |
| STREET ADDRESS | 260 HARDCRABBLE ROAD |
| CITY- ST- ZIP | NORTH SALEM, NY 10560 |
| TITLE | MGRM |
| NAME | FOTI, PAUL |
| STREET ADDRESS | 14 COON DEN ROAD |
| CITY- ST- ZIP | HOPEWELL JUNCTION, NY 12533 |
| TITLE | MGRM |
| NAME | HIRSCH, DAVID |
| STREET ADDRESS | 11528 HIBBS GROVE DRIVE |
| CITY- ST- ZIP | COOPER CITY, FL 33330 |
| TITLE | MGRM |
| NAME | STEAD, JAMES |
| STREET ADDRESS | 19 ROSS DRIVE |
| CITY- ST- ZIP | YORKTOWN HEIGHTS, NY 10598 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

000000389496
01/20/06-80047-025 110.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #