

# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L04000001032**

1. Entity Name

ONE SOURCE LAWSUIT FUNDING LLC



**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

1112 WESTON ROAD  
226  
WESTON FL 33326

Mailing Address

1112 WESTON ROAD  
226  
WESTON FL 33326



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0554360

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, ALAN B  
100 W. CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MMBR  
KOSLOW, BRIAN  
1112 WESTON ROAD, SUITE 226  
WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000743934  
05/15/07-80128-016 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MMBR  
WALTZER, DAVID C  
87A SAND PIT ROAD  
DANBURY CT 06810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #