2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# L04000002562

Entity Name: FLORIDA CREDIT SOLUTIONS LLC

Current Principal Place of Business:

800 DOUGLES ROAD
NORTH TOWER STE 450
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

800 DOUGLES ROAD
NORTH TOWER STE 450
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-3776339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAUSNER, HARRY
20961 ISLAND SOUND CIRCLE UNIT 101
ESTERO, FL 33928 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:	ROSEN, JOE	
Address:	800 DOUGLES ROAD NORTH TOWER STE 450	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	CUBERO, ROY	
Address:	800 DOUGLES ROAD NORTH TOWER STE 450	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	KLAUSNER, HARRY	
Address:	20961 ISLAND SOUND CIRCLE UNIT 101	
City-St-Zip:	ESTERO, FL 33928	

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 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: JOSEPH F ROSEN MGR 02/27/2008

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