


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90034 026 ****50.00

DOCUMENT # L04000017845		
1. Entity Name KESSER FINANCE COMPANY, LLC		

Principal Place of Business 4684 ORANGE GROVE WAY PALM HARBOR, FL 34684-4023-US	Mailing Address P.O. BOX 1283 DUNEDIN, FL 34697-2383 US
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2. Principal Place of Business - No P.O. Box # 2690 CORAL LANDINGS BLVD.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. SUITE 517	Suite, Apt. #, etc.
City & State PALM HARBOR, FL	City & State
Zip 34684	Country US



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2440812		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LUBOTSKY, DAVID A 2494 BAYSHORE BLVD SUITE 102 DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2690 CORAL LANDINGS BLVD. SUITE 517 City PALM HARBOR FL Zip Code 34684

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 A. Lubotsky David A. Lubotsky March 2, 2007
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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUBOTSKY, DAVID A 2494 BAYSHORE BLVD, SUITE 102 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2690 CORAL LANDINGS BLVD., SUITE 517 PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUBOTSKY, TERRY L 17980 GULF BLVD, APT 503 REDINGTON SHORES, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David A. Lubotsky David A. Lubotsky March 2, 2007 (727) 733-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #