2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# L04000021966

Entity Name: RAPTOR FINANCIAL SERVICES , LLC

Current Principal Place of Business:

6596 BILL LUNDY ROAD
LAUREL HILL, FL 32567

New Principal Place of Business:

Current Mailing Address:

6596 BILL LUNDY ROAD
LAUREL HILL, FL 32567

New Mailing Address:

FEI Number: 20-0917997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTAINE, DEBORAH L
6596 BILL LUNDY ROAD
LAUREL HILL, FL 32567 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: MGRM ( ) Delete
Name: FONTAINE, DEBORAH L
Address: 6596 BILL LUNDY ROAD
City-St-Zip: LAUREL HILL, FL 32567

Title: MGRM ( ) Delete
Name: FONTAINE, WESLEY T
Address: 14 GULF BREEZE CT.
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: FONTAINE, WESLEY T
Address: 3907 HIGH RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: MGRM ( ) Change (X) Addition
Name: FONTAINE, GEORGE T
Address: 6596 BILL LUNDY ROAD
City-St-Zip: LAUREL HILL, FL 32567

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: WESLEY T. FONTAINE MGRM 04/22/2007

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