2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000036770

1. Entity Name
LOAN RECOVERY SERVICES, L.L.C.

Principal Place of Business	Mailing Address
980 NORTH FEDERAL HIGHWAY SUITE 302 BOCA RATON, FL 33432-2704	980 NORTH FEDERAL HIGHWAY SUITE 302 BOCA RATON, FL 33432-2704

04122006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4280398
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MALLINGER, MARTIN R
980 NORTH FEDERAL HIGHWAY
SUITE 302
BOCA RATON, FL 33432-2704

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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)

000000515087
04/29/06-80204-001 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LERNER, EUGENE
STREET ADDRESS	17299 BRIDLEWAY TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGRM
NAME	GLOBERMAN, BARRY
STREET ADDRESS	16819 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	HERMAN, STEPHEN
STREET ADDRESS	39 TREEHOLLOW COURT
CITY-ST-ZIP	DIXHILLS, NY 11746
TITLE	MGRM
NAME	BOTWINICK, ROBERT
STREET ADDRESS	5687 VINTAGE OAKS CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	HERMAN, JERROLD
STREET ADDRESS	24 TREEHOLLOW COURT
CITY-ST-ZIP	DIX HILLS, NY 11746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Robert Botwinick 4/14/06 561-6378456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #