

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046052

FILED
Apr 18, 2008
Secretary of State

Entity Name: CASH STREAM RECOVERY, LLC

Current Principal Place of Business:

989 W. KENNEDY BLVD.
103
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941338
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 04-3794162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULCO, BARRY L
1290 PALMETTO AVENUE
WINTER PARK, FL 32789 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: BARRY L. FULCO, TRUS, TEE OF RLT
Address: 1290 PALMETTO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: VICTORIA M. KELLER,, TRUSTEE OF RLT
Address: P.O. BOX 941338
City-St-Zip: MAITLAND, FL 32794

ADDITIONS/CHANGES:

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: VICTORIA KELLER

MGRM

04/18/2008

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