

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046187

FILED
Jan 06, 2006
Secretary of State

Entity Name: INJURY FUNDS NOW, LLC

Current Principal Place of Business:

ONE BISCAYNE TOWER, SUITE 2480
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE BISCAYNE TOWER, SUITE 2480
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LIPCON, LAUREN
540 BRICKELL KEY DRIVE, SUITE 513
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LIPCON, CHARLES
ONE BISCAYNE TOWER, SUITE 2480
MIAMI, FL 33131 US

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: CHARLES LIPCON

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATLANTIC TRUST,
Address: 2 S. BISCAYNE BLVD, SUITE 2480
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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: CHARLES LIPCON

MGR

01/06/2006

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