2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# L04000046187

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:

ONE BISCAYNE TOWER, SUITE 1776
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

Current Mailing Address:

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

New Mailing Address:

ONE BISCAYNE TOWER, SUITE 1776
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131

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

Name and Address of Current Registered Agent:

LIPCON, MARGULIES & ALSINA P.A.
ONE BISCAYNE TOWER, SUITE 2480
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LIPCON, MARGULIES & ALSINA P.A.
ONE BISCAYNE TOWER, SUITE 1776
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: 01/03/2008
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 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 R. LIPCON AS TRUSTEE M 01/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date