

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046187

Entity Name: INJURY FUNDS NOW, LLC

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1227877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIPCON, MARGULIES & ALSINA P.A.  
ONE BISCAYNE TOWER, SUITE 1776  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

LIPCON, MARGULIES, ALSINA & WINKLEMAN 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: CHARLES R. LIPCON

02/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ATLANTIC TRUST  
Address: 2 S. BISCAYNE BLVD, SUITE 1776  
City-St-Zip: MIAMI, FL 33131

I hereby 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

MGR

02/18/2011

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