



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90426 013 \*\*\*\*50.00

DOCUMENT # L04000070671					
<b>1. Entity Name</b> EXPERT CREDIT RESTORATION LLC					
<b>Principal Place of Business</b> 720 THORN RIDGE AVENUE DAVIE, FL 33325			<b>Mailing Address</b> 720 THORN RIDGE AVENUE DAVIE, FL 33325		
<b>2. Principal Place of Business</b> 1271 skylark Drive Suite, Apt. #, etc. DO		<b>3. Mailing Address</b> same.		  02232005    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> Weston FL		<b>City &amp; State</b>			
<b>Zip</b> 33327		<b>Country</b> Broward			
<b>Zip</b> 33327		<b>Country</b> Broward			
<b>4. FEI Number</b> 20-1711098				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  DAVILA, CLARA I 720 THORN RIDGE AVENUE DAVIE, FL 33325			<b>7. Name and Address of New Registered Agent</b> Name <u>Clara Davila</u> Street Address (P.O. Box Number is Not Acceptable) <u>1271 skylark Drive</u> City <u>Weston</u> <u>FL</u> Zip Code <u>33327</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVILA, CLARA I 720 THORN RIDGE AVENUE DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Davila Clara 1271 skylark Drive Weston FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUTISTA, JULIETTA 720 THORN RIDGE AVENUE WESTON, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Julietta Bautista 1271 skylark Drive Weston FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			032805    454 447089 Date    Daytime Phone #		