

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90126 010 \*\*\*138.75

<b>DOCUMENT # L04000077564</b>	
1. Entity Name <b>ADVANTAGE FORECLOSURE SERVICES, LLC</b>	

Principal Place of Business <b>3491 THOMASVILLE RD. SUITE #175 TALLAHASSEE, FL 32309</b>	Mailing Address <b>3491 THOMASVILLE RD. SUITE #175 TALLAHASSEE, FL 32309</b>
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2. Principal Place of Business - No P.O. Box # <b>1621 Metropolitan Blvd.</b>	3. Mailing Address <b>2643 S. Hannon Hill Dr.</b>
Suite, Apt. #, etc. <b>Suite C</b>	Suite, Apt. #, etc.
City & State <b>Tallahassee, Fla</b>	City & State <b>Tallahassee, Fla.</b>
Zip <b>32308</b>	Country <b>U.S.</b>



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>43-2064443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>RILEY, SHERRY 3563 GARDENVIEW WAY TALLAHASSEE, FL 32308</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE *Sherry Riley* (NOTE: Registered Agent signature required when reinstating) DATE 1/16/08

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNROE, LISA 3491 THOMASVILLE RD #175 TALLAHASSEE, FL 32309 <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	MGRM MUNROE, WILLIAM H 3491 THOMASVILLE RD #175 TALLAHASSEE, FL 32309 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Lisa Munroe* (850) 1-16-2008 878-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #