2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000009444

Entity Name: LAUDERDALE FINANCIAL SERVICES, LLC

Current Principal Place of Business:

790 E. BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

790 E. BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-2255428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE SEGAUL & BARRIOS, P.A.
790 E. BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LAWRENCE A. LEVINE, P.A.
790 E. BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301 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: HOWARD A. LEVINE, AUTHORIZED AGENT 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVINE, HOWARD A
Address: 790 E. BROWARD BLVD. - SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete
Name: LEVINE, LAWRENCE A
Address: 790 E. BROWARD BLVD. - SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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: HOWARD A. LEVINE MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date