

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034425

FILED  
May 11, 2006  
Secretary of State

Entity Name: CARDSRING OF FLORIDA, LLC

**Current Principal Place of Business:**

531 S. ECON CIR. SUITE 1009  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

531 S. ECON CIR. SUITE 1009  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 35-2252330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROBERTS, SCOTT  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SAVAS, JOSEPH N  
Address: 715 IRONWOOD COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR ( ) Change (X) Addition  
Name: HARVATH II, MICHAEL D  
Address: 601 MAID MARRION HILL  
City-St-Zip: SHERWOOD FORREST, MD 21405

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH N SAVAS

MGR

05/11/2006

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