
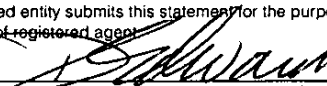



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90342 011 \*\*\*\*50.00

<b>DOCUMENT # L05000045764</b>					
<b>1. Entity Name</b> INDEPENDENT CFO SERVICES, LLC					
<b>Principal Place of Business</b> 4025 TAMPA ROAD SUITE 1111 OLDSMAR, FL 34677			<b>Mailing Address</b> 4025 TAMPA ROAD SUITE 1111 OLDSMAR, FL 34677		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 642			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OLDSMAR, FL		03012007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-2802828	
Zip 34677		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDWARDS, DOUGLAS F 4025 TAMPA ROAD SUITE 1111 OLDSMAR, FL 34677			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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:  DATE: 4/13/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDWARDS, DOUGLAS F 4025 TAMPA ROAD, SUITE 1111 OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 642 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDWARDS, MARY ANN 4025 TAMPA ROAD, SUITE 1111 OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 642 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> 				4/13/07    727-514-6622	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date    Daytime Phone #</small>	