

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049110

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: NATIONAL CREDIT CARD REGISTRY LLC

## Current Principal Place of Business:

2300 CORPORATE BLVD NW  
SUITE 214  
BOCA RATON, FL 33431

## New Principal Place of Business:

1401 N UNIVERSITY DRIVE  
SUITE 605  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

2300 CORPORATE BLVD NW  
SUITE 214  
BOCA RATON, FL 33431

## New Mailing Address:

1401 N UNIVERSITY DRIVE  
SUITE 605  
CORAL SPRINGS, FL 33071

FEI Number: 20-2871008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EINHORN, ROBERT  
100 SOUTHEAST 2ND STREET  
SUITE 2700  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

GRAFF, STUART  
1401 N UNIVERSITY DRIVE  
SUITE 605  
CORAL SPRINGS, FL 33071 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: STUART GRAFF

03/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COHEN, ADAM  
Address: 10211 W SAMPLE ROAD SUITE 101  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: GRAFF, BRETT  
Address: PO BOX 173  
City-St-Zip: KEY BISCAIYNE, FL 33149

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, ADAM  
Address: 1401 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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: ADAM COHEN

MGRM

03/22/2007

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