


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

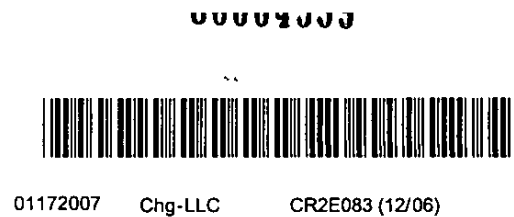
FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90150 002 ****50.00

DOCUMENT # L05000073584		
1. Entity Name L & L DEBT INTERNATIONAL LLC		

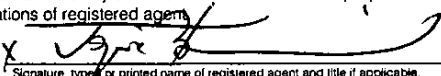
Principal Place of Business 5700 MEMORIAL HWY STE 101 TAMPA, FL 33615 US	Mailing Address 5700 MEMORIAL HWY STE 101 TAMPA, FL 33615 US
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2. Principal Place of Business - No P.O. Box # 2202 N West Shore Blvd Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33607 Country USA	3. Mailing Address 2202 N Westshore Blvd Suite, Apt. #, etc. STE 200 City & State Tampa FL Zip FL 33607 Country USA
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6. Name and Address of Current Registered Agent TOPIC, BRANKICA 5700 MEMORIAL HWY STE 101 TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2202 N Westshore Blvd STE 200 City Tampa FL Zip Code 33607	
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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  DATE 01/12/2007

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOPIC, BRANKICA 5700 MEMORIAL HWY STE 101 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2202 N Westshore Blvd Ste 200 Tampa FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOPIC, LEO 5700 MEMORIAL HWY STE 101 TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOPIC, DZEVAD 2202 N Westshore Blvd Ste 200 Tampa FL 33607 <input type="checkbox"/> Change <input checked="" 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
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

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:  DATE 01/12/2007 813298 5524

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