


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90019 032 \*\*\*138.75

<b>DOCUMENT # L05000073584</b> 1. Entity Name <b>L &amp; L DEBT INTERNATIONAL LLC</b>					
Principal Place of Business <b>2202 NORTH WEST SHORE BLVD SUITE 200 TAMPA, FL 33607 US</b>			Mailing Address <b>2202 NORTH WEST SHORE BLVD SUITE 200 TAMPA, FL 33607 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5810 HATTERAS PALM WAY</b> Suite, Apt. #, etc.			
City & State <b>TAMPA FLORIDA</b>		City & State <b>TAMPA FLORIDA</b>		4. FEI Number <b>20-3217396</b>	
Zip <b>33615</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TOPIC, BRANKICA 2202 NORTH WESTSHORE BLVD SUITE 200 TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5810 HATTERAS PALM WAY</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33615</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. SIGNATURE: <u><i>Brankica Topic</i></u> <b>BRANKICA TOPIC, MGRM</b> <span style="float: right;">DATE: <u>Apr 28, 2008</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOPIC, BRANKICA 2002 NORTH WESTSHORE BLVD STE 200 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5810 Hatteras Palm Way TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOPIC, DZEUAD 2002 NORTH WESTSHORE BLVD STE 200 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOPIC, DZEUAD 5810 Hatteras PALM WAY TAMPA FL 33615	<input checked="" 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: <u><i>Brankica Topic</i></u> <b>BRANKICA TOPIC</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>Apr 28, 2008</u> Daytime Phone #: <u>813.333.5057</u>		

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