2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000077396

Entity Name: RECOVERY MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD STE 4900
MIAMI, FL 33131

New Principal Place of Business:

25 SE 2 AVE
1120
MIAMI, FL 33131

Current Mailing Address:

200 SOUTH BISCAYNE BLVD STE 4900
MIAMI, FL 33131

New Mailing Address:

25 SE 2 AVE
1120
MIAMI, FL 33131

FEI Number: 20-3270475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUREY, RICHARD B
200 SOUTH BISCAYNE BLVD STE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FUREY, RICHARD B
200 SOUTH BISCAYNE BLVD
4900
MIAMI, FL 33131 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: 04/28/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: COHEN, ELEANOR
Address: 25 SE 2 AVE, STE 1120
City-St-Zip: MIAMI, FL 33131

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: ELEANOR COHEN MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date