

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 018 ****55.00

DOCUMENT # L05000095645 1. Entity Name FORECLOSURE PREVENTION SERVICES LLC			
Principal Place of Business 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027		Mailing Address 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027	
2. Principal Place of Business Suite, Apt. #, etc. N/A		3. Mailing Address Suite, Apt. #, etc. N/A	
City & State A		City & State A	
Zip A Country		Zip A Country	
4. FEI Number 84-1690824		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINS, GINA 14359 MIRAMAR PKWY., SUITE 332 MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City A FL Zip Code	
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. N/A			
SIGNATURE N/A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)		DATE	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUMMINS, GINA 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUMMINS, EDWARD 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 508, Florida Statutes.			
SIGNATURE: <u><i>Gina Cummins</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u><i>July 2, 2006</i></u> Date Daytime Phone #	