## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044213

Entity Name: CHARGE CARD SYSTEMS II, LLC

FILED Jan 11, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3299 NW BOCA RATON BLVD. 1515 S FEDERAL HWY.

SUITE 100 SUITE 106

BOCA RATON, FL 33431 US BOCA RATON, FL 33432 US

Current Mailing Address: New Mailing Address:

3299 NW BOCA RATON BLVD. 1515 S FEDERAL HWY.

SUITE 100 SUITE 106

BOCA RATON, FL 33431 US BOCA RATON, FL 33432 US

FEI Number: 14-1959619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRUDEN, JAMES L ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 404 BOCA RATON, FL 33432 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CHARGE CARD SYSTEMS,, INC.
 Name:

 Address:
 3299 NW BOCA RATON BLVD., SUITE 100
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MD NY HOLDINGS LLC,
 Name:

 Address:
 38 WOODS DRIVE
 Address:

 City-St-Zip:
 ROSLYN, NY 11576 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY ANDREOZZI SR. PRES 01/11/2008