


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-14-2008 90081 010 ***138.75

DOCUMENT # L06000047966 1. Entity Name RESPONSE COLLECTING, LLC	
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Principal Place of Business 888 SE 3RD AVE STE 501 FT LAUDERDALE, FL 33316 US	Mailing Address 888 SE 3RD AVE STE 501 FT LAUDERDALE, FL 33316 US
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5321122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORMAN, M AUSTIN
888 SE 3RD AVE STE 501
FT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when representing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, M AUSTIN 888 SE 3RD AVE STE 501 FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>managing member</i> Richard Collum 400 See Turtle Terrace Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  2-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #