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Apr 18, 2007 8:00 am
Secretary of State
03-27-2007 90197 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/:

DOCUMENT # L06000048633

1. Entity Name
MORDECAI CLAIMS SERVICE II, LLC

Principal Place of Business	Mailing Address
3238 GARFIELD STREET HOLLYWOOD, FL 33021	3238 GARFIELD STREET HOLLYWOOD, FL 33021

30005082

02122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1591 La Costa Dr E	1591 La Costa Dr E
Suite Apt # etc	Suite Apt # etc
City & State: Pembroke Pines, Fl	City & State: Pembroke Pines, Fl
Zip: 33027 County: Broward	Zip: 33027 Country

4. FEI Number: 20-4864398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEGG, ANTHONY
3238 GARFIELD STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: Anthony V Pegg Jr
Street Address (P.O. Box Number is Not Acceptable): 1591 La Costa Dr E
City: Pembroke Pines FL Zip Code 33027

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 [signature] 2/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TMPOWER, INC. 3238 GARFIELD STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr TmPower, Inc 1591 La Costa Dr E Pembroke Pines, Fl 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [signature] MGR 2/20/07 954 937 8248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #