2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L06000056853

Entity Name: NORTHERN FLORIDA RECOVERY, LLC

Current Principal Place of Business:

2787 NEW TAMPA HIGHWAY
LAKELAND, FL 33815

New Principal Place of Business:

4290 SR 60 W
MULBERRY, FL 33860

Current Mailing Address:

P.O. BOX 24991
LAKELAND, FL 33802

New Mailing Address:

P.O. BOX 425
MULBERRY, FL 33860

FEI Number: 61-1505601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANZ, GARY P
2810 CHATSWORTH LANE
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: FRANZ, GARY P
Address: 2810 CHATSWORTH LANE
City-St-Zip: LAKELAND, FL 33812 US

Title: MGRM ( ) Delete
Name: FRANZ, LORIEE L
Address: 2810 CHATSWORTH LANE
City-St-Zip: LAKELAND, FL 33812 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LORIEE L FRANZ MGRM 01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date