


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90120 014 \*\*\*\*50.00

**DOCUMENT # L06000062032**

1. Entity Name  
**EXPENSE ALTERNATIVES, LLC**



Principal Place of Business      Mailing Address  
P.O. BOX 641043      P.O. BOX 641043  
BEVERLY HILLS, FL 34464      BEVERLY HILLS, FL 34464

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03272007    Chg-LLC    CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**MOSLEY, CAREY**  
**3305 SE 93RD PLACE**  
**OCALA, FL 34480**

4. FEI Number      Applied For  
**11-3782954**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ 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.

SIGNATURE \_\_\_\_\_ (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	MGMR MOSLEY, CAREY P.O. BOX 641043 BEVERLY HILLS, FL 34464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Carey Mosley*      **4/1/07**      **209-4103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #