

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000068404

1. Entity Name  
NOTE BUYERS NETWORK LLC



**FILED  
Jan 11, 2007 8:00 am  
Secretary of State**

01-11-2007 90129 001 \*\*\*\*50.00

**20000700**



01042007 Chg-LLC CR2E083 (12/06)

Principal Place of Business  
3557 LAKE BREEZE DRIVE  
LAND O' LAKES, FL 34639

Mailing Address  
3557 LAKE BREEZE DRIVE  
LAND O' LAKES, FL 34639

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

4. FEI Number

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAFFORD, S.L.  
15951 NORTH FLORIDA AVENUE  
LUTZ, FL 33549

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1515 DALE STABRY Hwy  
SUITE 102  
City LUTZ FL Zip Code 33548

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, 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 MANAGING MEMBER  Delete  
NAME S. L. STAFFORD  
STREET ADDRESS 3557 LAKE BREEZE DR.  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *S. L. STAFFORD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-5-07

813-949-4993

Date

Daytime Phone #