


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90370 047 \*\*\*\*50.00

<b>DOCUMENT # L06000072242</b> 1. Entity Name ACCOUNTING & FINANCIAL SERVICES, LLC					
Principal Place of Business 100 2ND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701			Mailing Address 100 2ND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # <b>31 BEACH DRIVE SE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>31 BEACH DRIVE SE</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>ST PETERSBURG FL</b> Zip <b>33701</b> Country <b>US</b>		City & State <b>ST PETERSBURG FL</b> Zip <b>33701</b> Country <b>US</b>		4. FEI Number <b>20-5398467</b> Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>GERLACH, GERALD R</b> <b>100 2ND AVENUE SOUTH</b> <b>SUITE 901S</b> <b>ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>31 BEACH DRIVE SOUTH EAST</b> City <b>ST PETERSBURG FL</b> Zip Code <b>33701</b>		
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 re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GERLACH, GERALD R</b> <b>100 2ND AVENUE SOUTH, SUITE 901</b> <b>ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GERLACH, GERALD</b> <b>31 BEACH DRIVE SOUTH EAST</b> <b>ST PETERSBURG FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Gerald R. Gerlach</u> <b>Gerald Gerlach Mgr 4/16/07</b> <b>727-822-9000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					