## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2008 08:00 AN Secretary of State

| ANNUAL REPORT  |   |  |   | Apr 29, 2008 08:                 |  |
|--|---|--|---|----------------------------------|--|
| DOCUMENT # L06000072242  1. Entity Name ACCOUNTING & FINANCIAL SERVICES, LLC     |   |  |   | Secretary of S                   |  |
| Principal Plac<br>31 BEACH DI<br>SAINT PETER                                     |   | Mailing Address<br>31 BEACH DR SE<br>SAINT PETERSBURG, FL 3370 | 1   | <br>                             | 1818   1818   1811   81878   1888   171   1884 |
| DO NOT WRITE IN THIS SPA   |   |  | 04162008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For 20-5398467 Not Applied by Applied For 20-5398467 |                                  |  |
|  |   |  | • .   | 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required              |
|  | 6. Name and Address of Cu   | irrent Registered Agent  |   | <u> </u>                         | 1 00 110401100                                 |
| 31 BEACH   | I, GERALD R<br>I DR SE<br>TERSBURG, FL 33701                                      |  | DO NOT WRITE<br>IN THIS SPACE   |                                  |  |
| the obligat  | ions of registered agent.  Signature, typed or printed name of registers.         |  | ad office or register   | 100000                           | <u>~~~~~</u>                                   |
|  | / 1, 2008 Fee will be \$5   |  |   |                                  |  |
| 9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING M<br>MGRM<br>GERLACH, GERALD R<br>31 BEACH DR SE<br>SAINT PETERSBURG, FL | 33701  |   |                                  | •  |
| NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP            |   |  |   | DO NOT WRI                       |  |
| CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP                                |   |  |   |                                  |  |

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: XEAL BY LA JAGET LACH & GET ALK
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER; OF AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

grm 4/22/0

727-822-9000 Daytrne Phone #