

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075189

FILED
Apr 25, 2007
Secretary of State

Entity Name: ASSET RECOVERY SPECIALISTS LLC

Current Principal Place of Business:

105 S PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

303B ANASTASIA BLVD STE 148
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 20-5301890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAITRAY CORPORATION
124 CALLE DE LEON
SAINT AUGUSTINE, FL 32086 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 (X) Delete
Name: RIDINGS, BRUCE
Address: 303B ANASTASIA BLVD STE 127
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: KALLER, JEFFREY
Address: 303B ANASTASIA BLVD STE 151
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: WHEELER, SCOTT
Address: 405 S DALE MABRY STE 202
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

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

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: JEFFREY KALLER

MGRM

04/25/2007

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