2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097124

FINANCIAL RECOVERY ASSOCIATES, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5702 LAKE WORTH ROAD, SUITE 8 GREENACRES, FL 33463

5702 LAKE WORTH ROAD, SUITE 8 GREENACRES, FL 33463



04112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-5669692 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and lattle if applicable.

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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	The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent	registered agent. or both, in the State of Flor	ida. I am familiar with, and accept
SI	CNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

limited liability company or

SIGNATURE:

U000000894526 04/24/08-80032-010 138.75

9. MANAGING MEMBERS/MANAGERS		· 14 · 14 · 14 · 15 · 14 · 15 · 15 · 16 · 16 · 16 · 16 · 16 · 16	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOHN, JERRY 5702 LAKE WORTH ROAD, SUITE 8 GREENACRES, FL 33463		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with his bring 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 triarmy 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 muster empowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNATURE AND TYPED OR PRINTED WIME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE