2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# L06000108401

Entity Name: OFFICIAL REPORTING SERVICES, LLC

Current Principal Place of Business:

524 SOUTH ANDREWS AVE., SUITE 303-N
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

524 SOUTH ANDREWS AVE., SUITE 302-N
FT. LAUDERDALE, FL 33301

Current Mailing Address:

524 SOUTH ANDREWS AVE., SUITE 303-N
FT. LAUDERDALE, FL 33301

New Mailing Address:

524 SOUTH ANDREWS AVE., SUITE 302-N
FT. LAUDERDALE, FL 33301

FEI Number: 20-5849842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: MGR ( ) Delete
Name: SUNBELT DIVERSIFIED, ENTERPRISES, L L C
Address: 1221 BRICKELL AVE., SUITE 2660
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SUNBELT DIVERSIFIED, ENTERPRISES, L L C
Address: 2525 PONCE DE LEON BLVD. 10TH FLOOR
City-St-Zip: MIAMI, FL 33134

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: ARTHUR KUSHNER CEO 05/11/2007

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