


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90046 001 ***100.00

DOCUMENT # L06000115972					
1. Entity Name CASH FOR HOUSES LLC					
Principal Place of Business 2910 KERRY FOREST PARKWAY, D-4251 TALLAHASSEE, FL 32309			Mailing Address 2910 KERRY FOREST PARKWAY, D-4251 TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box # 1714 S. Monroe Street Suite, Apt. #, etc.		3. Mailing Address 1714 S. Monroe Street Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32301 Country USA US		City & State Tallahassee, FL Zip 32301 Country USA US		4. FEI Number 20-5994327	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDER, ADAM 2910 KERRY FOREST PARKWAY, D-4251 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
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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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					