

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117998

FILED
Jul 06, 2007
Secretary of State

Entity Name: THE CONSUMER FINANCIAL NETWORK LC

Current Principal Place of Business:

MR. JEFF GOMBOS
4257 E. MAIN STREET
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

MR. JEFF GOMBOS
4257 E. MAIN STREET
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 20-8404151 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:

Name and Address of New Registered Agent:

THE CONSUMER LAW CENTER
3200 NORTH UNIVERSITY DRIVE
210
CORAL SPRINGS, FL 33065 US

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 () Delete
Name: THE CONSUMER LAW CEN, TER
Address: 3200 NORTH UNIVERSITY DRIVE #210
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P () Delete
Name: GOMBOS, JEFF
Address: 4257 E MAIN ST
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: GOMBOS, JEFF
Address: 4257 E MAIN ST
City-St-Zip: JUPITER, FL 33458 US

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: JEFF GOMBOS

PRES

07/06/2007

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