

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054463

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: AMERICA'S FINANCE COMPANY, LLC

## Current Principal Place of Business:

2700 WEST ATLANTIC BLVD.  
SUITE 113  
POMPANO BEACH, FL 33069

## Current Mailing Address:

2700 WEST ATLANTIC BLVD.  
SUITE 113  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

2400 EAST OAKLAND PK. BLVD.  
SUITE 100  
FT LAUDERDALE, FL 33306

## New Mailing Address:

2400 EAST OAKLAND PK. BLVD.  
SUITE 100  
FT LAUDERDALE, FL 33306

FEI Number: 26-0222214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAND, MARK  
965 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

SAND, MARK  
2400 EAST OAKLAND PK. BLVD.  
SUITE 100  
FORT LAUDERDALE, FL 33306 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: MARK SAND

02/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAND, MARK  
Address: 3202 DOW STREET  
City-St-Zip: POMPANO BEACH, FL 33062 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SAND, MARK  
Address: 2400 EAST OAKLAND PK. BLVD STE 100  
City-St-Zip: POMPANO BEACH, FL 33306 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: MARK SAND

MGR

02/05/2008

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