

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000061662

1. Entity Name  
MAIN STREET RECOVERY, LLC



4/2 **FILED  
May 30, 2008 8:00 am  
Secretary of State**

04-24-2008 90014 009 \*\*\*138.75

30008083



04162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 109 E CHURCH STREET, STE 500 ORLANDO, FL 32801		Mailing Address 109 E CHURCH STREET, STE 500 ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  BIBBY, JEFF W 109 E CHURCH STREET, STE 500 ORLANDO, FL 32801		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when renaming)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jeff W. Bibby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/08 407-209-7526  
Date Daytime Phone #