

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90171 004 ***138.75

60025247



DOCUMENT # L07000105823 1. Entity Name SOURCE ASSET SERVICES, L.L.C.					
Principal Place of Business 6300 NE FIRST AVE, SUITE 202 FORT LAUDERDALE, FL 33334			Mailing Address 6300 NE FIRST AVE, SUITE 202 FORT LAUDERDALE, FL 33334		
2. Principal Place of Business - No P.O. Box # 2400 E. Commercial Blvd Suite, Apt. #, etc. Suite 400 City & State Fort Lauderdale, FL Zip 33308 Country USA		3. Mailing Address 2400 E. Commercial Blvd Suite, Apt. #, etc. Suite 400 City & State Fort Lauderdale, FL Zip 33308 Country USA		04092008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 06-1828173				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SOTO, OSCAR E ESQ THE SOTO LAW GROUP, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 400 FORT LAUDERDALE, FL 33308	
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 _____					
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR L. Anderson 2400 E. Commercial Blvd #400 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: L. Anderson, L. Anderson, MGR 4-11-08 954.229-2695					