

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108922

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** STRUCTURED ASSET FACTORED SERVICING, LLC

**Current Principal Place of Business:**

1250 E. HALLANDALE BEACH BLVD.,PENTHOUSE A  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

757 S.E. 17TH STREET #399  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 26-1416864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLZENBERG, KEITH H  
1401 BRICKELL AVENUE, SUITE 825  
RAFFERTY, STOLZENBERG, GELLES  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: SAVYSKY, ANDREW M  
Address: 1250 E. HALLANDALE BEACH BLVD.,PENTHOUSE A  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: ASSEFF, MICHAEL  
Address: 1250 E. HALLANDALE BEACH BLVD.,PENTHOUSE A  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

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

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

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:** ANDREW M. SAVYSKY

MGRM

02/11/2008

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