


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L07000115778</b> 1. Entity Name LEGAL DEBT CENTER, LLC	
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FILED

08 DEC 22 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 210 NORTH UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071	Mailing Address 210 NORTH UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # 6600 NW 16th Street Suite, Apt. #, etc. Suite 11 City & State Plantation, FL Zip 33313	3. Mailing Address 6600 NW 16th Street Suite, Apt. #, etc. Suite 11 City & State Plantation, FL Zip 33313
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12182008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent CHERRY, EDWARD 210 NORTH UNIVERSITY DRIVE 900 CORAL SPRINGS, FL 33071
7. Name and Address of New Registered Agent Name Daniel J. Stermer Street Address (P.O. Box Number is Not Acceptable) 6600 NW 16th Street Suite 11 City Plantation FL Zip Code 33313	MK

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]* (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

Amended AR is \$50.00	MK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARD, CHERRY 210 NORTH UNIVERSITY DRIVE #900 CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver Daniel J. Stermer 6600 NW 16th Street, Suite 11 Plantation, FL 33313
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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 of it, as empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *[Signature]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #