2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000122033

Entity Name: ELITE PAYMENT PROCESSING, LLC

Current Principal Place of Business:

1500 W CYPRESS CREEK RD, STE 201
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1500 W CYPRESS CREEK RD.
SUITE 201
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 W CYPRESS CREEK RD, STE 201
FORT LAUDERDALE, FL 33309

New Mailing Address:

1500 W CYPRESS CREEK RD.
SUITE 201
FORT LAUDERDALE, FL 33309

FEI Number: 26-1554009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRAN, M. GLENN III
2400 EAST COMMERCIAL BOULEVARD
208
FORT LAUDERDALE, FL 33308 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: MGR ( ) Delete
Name: FACTERMAN, BRYAN
Address: 1624 N.E. 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

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: BRYAN FACTERMAN MGR 03/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date