2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001828

1. Entity Name

B, S, S & S FINANCIAL SERVICES, L.C.



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

2525 PONCE DE LEON BOULEVARD 5TH FLOOR

CORAL GABLES, FL 33134

Mailing Address

2525 PONCE DE LEON BOULEVARD 5TH FLOOR CORAL GABLES, FL 33134



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-1712820 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

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| 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MGRM | |
| NAME | SPRITZER, MICHAEL | |
| STREET ADDRESS | 2525 PONCE DE LEON BOULEVARD | j |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | | HAAAAACQOAQQ |
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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 receiper of truesge empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

18/07

305-274-4600

Daytime Phone #