

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001045

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: DEBT RECOVERY SOLUTIONS, LLC

**Current Principal Place of Business:**

900 MERCHANTS CONCOURSE  
SUITE 106  
WESTBURY, NY 11590

**New Principal Place of Business:**

**Current Mailing Address:**

900 MERCHANTS CONCOURSE  
SUITE 106  
WESTBURY, NY 11590

**New Mailing Address:**

FEI Number: 02-0555230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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: SCHWARTZ, RUVIN  
Address: 50 BONAIRE DR.  
City-St-Zip: DIX HILLS, NY 11746

Title: MGR      ( ) Delete  
Name: SCHWARTZ, DONALD  
Address: 50 BONAIRE DR.  
City-St-Zip: DIX HILLS, NY 11746

Title: MGR      ( ) Delete  
Name: SCHWARTZ, ELLIOT  
Address: 50 BONAIRE DR.  
City-St-Zip: DIX HILLS, NY 11746

**ADDITIONS/CHANGES:**

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

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: DONALD SCHWARTZ

MGR

07/05/2007

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