2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002709

Entity Name: LEADING EDGE RECOVERY SOLUTIONS, L.L.C.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8550 BRYN MAWR 5440 N. CUMBERLAND AVE.

SUITE 350 SUITE 300

CHICAGO, IL 60631 CHICAGO, IL 60656

Current Mailing Address: New Mailing Address:

8550 BRYN MAWR 5440 N. CUMBERLAND AVE.

SUITE 350 SUITE 300

CHICAGO, IL 60631 CHICAGO, IL 60656

FEI Number: 41-2098248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change () Addition

CREWS, ANTHONY L Name: CREWS, ANTHONY L Name: 8550 BRYN MAWR STE. 350 Address: 5440 N. CUMBERLAND AVE., SUITE 300 Address:

City-St-Zip: CHICAGO, IL 60631 City-St-Zip: CHICAGO, IL 60656

Title: MGRM () Delete Title: MGRM (X) Change () Addition CREWS, JAMES DERRICK Name: CREWS, JAMES DERRICK Name:

Address: 8550 BRYN MAWR STE, 350 Address: 5440 N. CUMBERLAND AVE., SUITE 300

City-St-Zip: CHICAGO, IL 60631 City-St-Zip: CHICAGO, IL 60656

Title: MGRM () Delete Title: MGRM (X) Change () Addition LUBECK, BRYAN JOHN LUBECK, BRYAN JOHN Name: Name:

5440 N. CUMBERLAND AVE., SUITE 300 Address: 8550 BRYN MAWR STE. 350 Address:

City-St-Zip: CHICAGO, IL 60631 City-St-Zip: CHICAGO, IL 60656

Title: MGRM () Delete Title: () Change () Addition

Name: NUZZO, ANTHONY PAUL Name: Address: 1711N. RAND ROAD Address: City-St-Zip: PALATINE, IL 60074 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

CREWS, CARTER BRADLEY Name: Name: 1370 TIMBERLAKE MANOR PARKWAY Address: Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. CREWS **MGRM** 01/23/2006