2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# M03000002709

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

Current Principal Place of Business:

5440 N. CUMBERLAND AVE.
SUITE 300
CHICAGO, IL 60656

New Principal Place of Business:

Current Mailing Address:

5440 N. CUMBERLAND AVE.
SUITE 300
CHICAGO, IL 60656

New Mailing Address:

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGRM	( ) Delete
Name:	CREWS, ANTHONY L	
Address:	5440 N. CUMBERLAND AVE., SUITE 300	
City-St-Zip:	CHICAGO, IL 60656	
Title:	MGRM	( ) Delete
Name:	CREWS, JAMES DERRICK	
Address:	5440 N. CUMBERLAND AVE., SUITE 300	
City-St-Zip:	CHICAGO, IL 60656	
Title:	MGRM	( ) Delete
Name:	LUBECK, BRYAN JOHN	
Address:	5440 N. CUMBERLAND AVE., SUITE 300	
City-St-Zip:	CHICAGO, IL 60656	
Title:	MGRM	( ) Delete
Name:	NUZZO, ANTHONY PAUL	
Address:	1711N. RAND ROAD	
City-St-Zip:	PALATINE, IL 60074	
Title:	MGRM	( ) Delete
Name:	CREWS, CARTER BRADLEY	
Address:	1370 TIMBERLAKE MANOR PARKWAY	
City-St-Zip:	CHESTERFIELD, MO 63017	

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:	
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 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 J. LUBECK MGRM 01/10/2007

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