


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003746</b> 1. Entity Name CENTERONE DEBT MANAGEMENT SERVICES LLC	
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Principal Place of Business 190 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 190 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4268956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

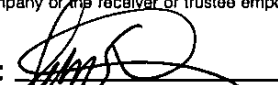
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTERONE FINANCIAL SERVICES LLC 6150 OMNI PARK DR MOBILE, AL 36609
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U03500683371  
04/06/07-30013-025 50.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Peter J. Sheehan**  
**VICE PRESIDENT, GENERAL COUNSEL**  
**SECRETARY**  
**3/15/2007**  
**954-429-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #