## 2007 LIMÎTED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M06000000720**

1. Entity Name

PRIORITY ONE FINANCIAL SERVICES, L.L.C.



40123805

Principal Place of Business

1129 BLOOMFIELD AVE., STE 214 WEST CALDWELL, NJ 07006

Mailing Address

1129 BLOOMFIELD AVE., STE 214 WEST CALDWELL, NJ 07006

## DO NOT WRITE IN THIS SPACE



**FILED** 

Jul 09, 2007 8:00 am Secretary of State

07-09-2007 90112 046 \*\*\*\*55.00

07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3484761 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

973-808-0700

Daytime Phone #

6. Name and Address of Current Registered Agent

COMPLIANCE CONSULTING CORPORATION OF FLORI 1013 LUCERNE AVE., STE 201 LAKE WORTH, FL 33460

| DO | NOT  | WRIT        | Έ |
|----|------|-------------|---|
| IN | THIS | <b>SPAC</b> | Ε |

|   |   |   | *                       |  |  | <u> </u>                       |  |  |
|---|---|---|---|--|--|--------------------------------|--|--|
| 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   |   |   |   | Agent signature required when reinstating) DATE  |  |                                |  |  |
| Fil<br>Due t  | ing Fee is \$50.00<br>by September 14, 2007   |   |   |  |  |                                |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |   |  |  |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR<br>CRAW, RICHARD T<br>33 BROOKSIDE TERRACE<br>NORTH CALDWELL, NJ 07006  |   |   | • .  |  |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | S Pro   |  |  | ,                              |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   | DO NOT W   | /RITE  |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   | IN THIS SI   | PACE   |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | e<br>e Mese   | . i  |  |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |  |  |                                |  |  |
| 11. I hereby of indicated limited lia   | certify that the information supplied with this filing does not q<br>on this report is true and accurate and that my signature sha<br>bility company or the receiver or truster empowered to exec | qualify for the exe<br>hall have the sam<br>cute this report as | mptions containe<br>e legal effect as it<br>s required by Cha | d in Chapter 119, Florida Statutes<br>f made under oath; that I am a mapter 608, Florida Statutes. | . I further certify that the<br>anaging member or ma | e information<br>anager of the |  |  |

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Richard T. Craw, Managing Director 7/3/2007