2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# M06000001133

Entity Name: REGENCY COMMERCIAL SERVICES OF FLORIDA, L.L.C.

Current Principal Place of Business:

6600 WESTOWN PARKWAY, SUITE 220
WEST DES MOINES, IA 50266

New Principal Place of Business:

6600 WESTOWN PARKWAY, SUITE 170
WEST DES MOINES, IA 50266

Current Mailing Address:

6600 WESTOWN PARKWAY, SUITE 220
WEST DES MOINES, IA 50266

New Mailing Address:

6600 WESTOWN PARKWAY, SUITE 170
WEST DES MOINES, IA 50266

FEI Number: 20-4262509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	MGR	( ) Delete
Name:	MYERS, JAMES M	
Address:	6600 WESTOWN PARKWAY, SUITE 220	
City-St-Zip:	WEST DES MOINES, IA 50266	
Title:	MGR	( ) Delete
Name:	MOFFITT, RICHARD D	
Address:	6600 WESTOWN PARKWAY, SUITE 220	
City-St-Zip:	WEST DES MOINES, IA 50266	
Title:	MGR	( ) Delete
Name:	PHIFER, WARD A	
Address:	6600 WESTOWN PARKWAY, SUITE 220	
City-St-Zip:	WEST DES MOINES, IA 50266	
Title:	MGR	( ) Delete
Name:	GAMBLE, JOHN D	
Address:	6600 WESTOWN PARKWAY, SUITE 220	
City-St-Zip:	WEST DES MOINES, IA 50266	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	MYERS, ROBERT T	
Address:	6600 WESTOWN PARKWAY, SUITE 220	
City-St-Zip:	WEST DES MOINES, IA 50266	
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: WARD PHIFER MGR 04/30/2007

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