2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003392

Entity Name: CASH AMERICA NET OF FLORIDA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
200 W. JACKSON ST., SUITE 2400 CHICAGO, IL 60606	

Current Mailing Address:	**New Mailing Address:**
200 W. JACKSON ST., SUITE 2400 CHICAGO, IL 60606	1600 W. 7TH STREET FORT WORTH, TX 76102

FEI Number: 20-5921254   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:**
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US	

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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CASH AMERICA NET HOL, DINGS, LLC	Name:	
Address:	200 W. JACKSON ST., SUITE 2400	Address:	
City-St-Zip:	CHICAGO, IL 60606	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FEEHAN, DANIEL R	Name:	
Address:	1600 W. 7TH STREET	Address:	
City-St-Zip:	FORT WORTH, TX 76102	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LINSCOTT, J. CURTIS	Name:	
Address:	1600 W. 7TH STREET	Address:	
City-St-Zip:	FORT WORTH, TX 76102	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: J. CURTIS LINSCOTT   MNGR   03/11/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date