

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005165

Entity Name: ROI RECOVERY, L.L.C.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

302 CAMPUSVIEW DRIVE #101
COLUMBIA, MO 65201

New Principal Place of Business:

Current Mailing Address:

302 CAMPUSVIEW DRIVE #101
COLUMBIA, MO 65201

New Mailing Address:

FEI Number: 35-2272423

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: MGRM () Delete
Name: SHAFFER, GORDON F
Address: 302 CAMPUSVIEW DRIVE #101
City-St-Zip: COLUMBIA, MO 65201

Title: MGRM () Delete
Name: SELLS, RICHARD WAYNE
Address: 302 CAMPUSVIEW DRIVE #101
City-St-Zip: COLUMBIA, MO 65201

Title: MGRM (X) Delete
Name: OUSLEY, GREGORY SCOTT
Address: 302 CAMPUSVIEW DRIVE #101
City-St-Zip: COLUMBIA, MO 65201

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:

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: GORDON F SHAFFER

MGRM

04/16/2007

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