


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001800		
1. Entity Name TOWNSEND RECOVERY, LLC		

Principal Place of Business 2901 JOHNSTON STREET, STE. 200 LAFAYETTE, LA 70503	Mailing Address 2901 JOHNSTON STREET, STE. 200 LAFAYETTE, LA 70503
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2. Principal Place of Business - No P.O. Box # 2600 Johnston St Suite, Apt. #, etc. Suite 110 City & State Lafayette LA Zip 70503	3. Mailing Address 2600 Johnston St Suite, Apt. #, etc. Suite 110 City & State Lafayette LA Zip 70503
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FILED
08 MAR 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0796693	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Connie Bryan</u> Signature, typed or printed name of registered agent or title if applicable	DATE 3/12/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLOCK, MICHAEL J 2901 JOHNSTON STREET, STE. 200 LAFAYETTE, LA 70503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLOCK, COOKIE 2901 JOHNSTON STREET, STE. 200 LAFAYETTE, LA 70503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800121199988 03/25/08--01024--009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Delaney Controls</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 2/15/08 Daytime Phone # 850 424 3914