2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State
07-10-2006 90102 036 ****50.00

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1. Entity Name
CONSUMER FINANCIAL SERVICES OF TAMPA, FL, L.L.C.

Principal Place of Business	Mailing Address
10431 U.S. 19 NORTH PORT RICHEY, FL 34668	10431 U.S. 19 NORTH PORT RICHEY, FL 34668

07062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
11720 US HWY 19	11720 US HWY 19
Suite, Apt. #, etc. SUITE 21	Suite, Apt. #, etc. SUITE 21
City & State PORT RICHEY, FL	City & State PORT RICHEY, FL
Zip 34668 Country USA	Zip 34668 Country USA

4. FEI Number 36-4276678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES D. LUCE
10431 U.S. 19 NORTH
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name JAMES D LUCE
Street Address (P.O. Box Number is Not Acceptable)
11720 US HWY 19 SUITE 21
City PORT RICHEY FL Zip Code 34668

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 [signature] 7/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMES D. LUCE 7514 CYPRESS KNOLL DR NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JEFF BRINCART 509 GREEN BAY RD. WAUKEGAN, IL 60085	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 7/6/06 727 858-3224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #