

No. <b>W 60698</b>		<b>Due no later than Mar 31, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CREDITMAX RECOVERIES, LLC HEATHER MURPHY 625 N FLAGLER DR STE 625 WEST PALM BEACH FL 33401		BETTY NICHOLS 2691 N BOBCAT WY MERIDIAN ID 83642			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL E BERNSTEIN	625 N FLAGLER DR STE 625	WEST PALM BEACH	FL	USA	33401	
5. Organized Under the Laws of:  <b>DE</b> <b>W 60698</b>		6. Annual Report must be signed.*  Signature: Michael Bernstein Name (type or print): Michael Bernstein  Date: 01/16/2008 Title: Manager					
Processed 01/16/2008		* Electronically provided signatures are accepted as original signatures.					