



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

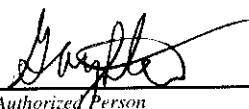
1. ID No. 131558		2. Exact name of the limited liability company Option Card, LLC	
3. State of Formation Colorado		4. Brief description of the character of the business which is actually conducted in Rhode Island Debt Collections	
5. Principal office address 210 Sylvan Ave.		City Englewood Cliffs	State NJ
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Bob Michel		City Englewood Cliffs	State NJ
Street Address 210 Sylvan Ave.		City Englewood Cliffs	State NJ
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 07632	
Manager Name Gary Stern		Manager Name	
Street Address 210 Sylvan Ave.		Street Address	
City Englewood Cliffs	State NJ	City	State
Zip 07632		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LexisNexis Document Solutions, Inc.		Address	
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

131558

FILED	
File Date	SEP 28 2007
Check No.	By 6446
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person  Date **9/25/07**
Gary Stern
Print or Type Name of Authorized Person