


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90020 042 \*\*\*\*50.00

<b>DOCUMENT #</b> L00000007876	
1. Entity Name JVB FINANCIAL SERVICES, L.L.C.	

Principal Place of Business 3785 N. FEDERAL HIGHWAY, SUITE 100 BOCA RATON, FL 33431	Mailing Address 3785 N. FEDERAL HIGHWAY, SUITE 100 BOCA RATON, FL 33431
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2. Principal Place of Business 2700 N. Military Trail Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33431 Country USA	3. Mailing Address 2700 N. Military Trail Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33431 Country USA
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6. Name and Address of Current Registered Agent STILLMAN, L. VAN 1177 GEORGE BUSH BLVD STE 308 MELRAY BEACH, FL 33483	
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04232004	Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1021033	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

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.

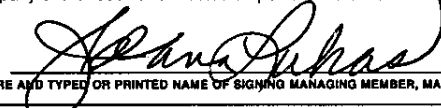
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTKEVITS, VINCENT W 3785 N FEDERAL HIGHWAY BOCA RATON, FL 33431 <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	ST FERRY, JAMES K 3785 N FEDERAL HIGHWAY BOCA RATON, FL 33431 <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 exemption stated in Section 119.07(3)(i), 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:**  **4-25-04** **(561) 416-5876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #