


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

02-27-2004 90194 032 \*\*\*\*50.00

**DOCUMENT # L02000024702**

1. Entity Name  
**EMAX FINANCIAL GROUP, LLC**



Principal Place of Business      Mailing Address

**6 KING STREET**      **213 COURT ST**  
**ST. CROIX**      **11TH FLOOR**  
**U.S. VIRGIN ISLANDS, 00820**      **MIDDLETOWN, CT 06457**

2. Principal Place of Business      3. Mailing Address

**1123 King Street**      **PO Box 224600**

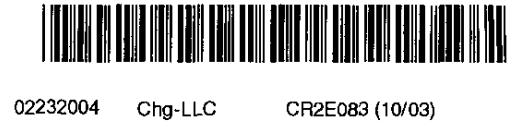
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Christians Rd, St Croix, USVI**

Zip      Country      Zip      Country

**00822**      **St. Croix**



4. FEI Number      Applied For

**66-0617195**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BLANTON, EDWIN F**      Name  
**825 THOMASVILLE ROAD**      Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE, FL 32303**      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	MGRM HEFFERNAN, MITCHELL L 95 COVE ROAD LYME, CT 06371 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heffernan, Mitchell L. 2c North Slob St. Croix, USVI 00820 <input checked="" 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
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 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:**       **23 Feb 2004**      **(866) 719-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #