


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90104 024 ****50.00

DOCUMENT # L02000024702

1. Entity Name
EMAX FINANCIAL GROUP, LLC



Principal Place of Business
**1123 KING ST.
 ST. CROIX
 U.S. VIRGIN ISLANDS, 00820**

Mailing Address
**PO BOX 224600
 CHRISTIANSTED, VI 00822**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1123 King Street
 Suite, Apt. #, etc.

City & State
Christiansted, St. Croix, USVI

4. FEI Number
66-0617195

Applied For
 Not Applicable

Zip
00820

Country

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

6. Name and Address of Current Registered Agent
**BLANTON, EDWIN F
 825 THOMASVILLE ROAD
 TALLAHASSEE, FL 32303**

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.

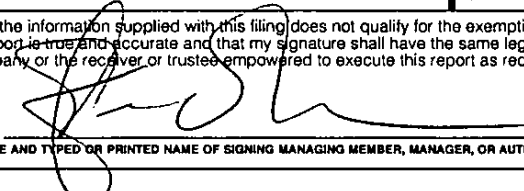
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

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 2C NORTH SLOB ST. CROIX, VI 00820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Secretary** **1/31/05** **(860) 704-6235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #