

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90054 036 ****55.00

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1. Entity Name
 U.S. DEBT MANAGEMENT, L.L.C.



Principal Place of Business
 6181 MIAMI LAKES DR. EAST
 MIAMI LAKES, FL 33014

Mailing Address
 6181 MIAMI LAKES DR. EAST
 MIAMI LAKES, FL 33014

24054468



2. Principal Place of Business

3. Mailing Address

~~120 S. Dixie Highway~~

~~120 S. Dixie Highway~~

Suite, Apt. #, etc.
 Suite #203

Suite, Apt. #, etc.
 Suite #203

02122004 Chg-LLC CR2E083 (10/03)

City & State
 W. Palm Beach, FL 33401

City & State
 W. Palm Beach, FL 33401

4. FEI Number
 20-0436248

Applied For
 Not Applicable

Zip Country
 33401 Palm Beach

Zip Country
 33401 Palm Beach

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

BECK, FRANK
 6181 MIAMI LAKES DR. EAST
 MIAMI LAKES, FL 33014

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 *William Teubner* *William Teubner / Pres* *4-12-04*
Signature, typed or printed name of registered agent and title if applicable. (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 Delete
 NAME Managing Member/President
 STREET ADDRESS William Teubner
 CITY-ST-ZIP 120 S. Dixie Highway
 W. Palm Beach, FL 33401

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *William Teubner* *William Teubner* *4-14-04* *561-832-6262*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #