

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001357

**FILED  
Feb 10, 2004  
Secretary of State**

**Entity Name:** LBA FINANCIAL PLANNING PARTNERS, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BOULEVARD, SUITE 2400  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1301 RIVERPLACE BOULEVARD, SUITE 2400  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3543661      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VON STEIN, NEAL J  
1301 RIVERPLACE BOULEVARD, SUITE 2400  
JACKSONVILLE, FL 32207    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** LAFAYE BROCK & ASSOC, IATES, P.A.  
**Address:** 1301 RIVERPLACE BOULEVARD, SUITE 2400  
**City-St-Zip:** JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEAL VON STEIN

MGR

02/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date