## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

M01000001335 **DOCUMENT#** 1. Entry Name
FRAST & VOLING CORPORATE FINANCE LLC



FILED Aug 11, 2003 8:00 am Secretary of State

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NAME   GRIFFITH, PETER H, Chairman NAME		a TOURG CORFORNIE TIMMOL								
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4. FEI Number 74-2977627   Applied For Not Applied For Not Applied For State   55.00 Additional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    C T CORPORATION SYSTEM   1200 SOUTH PINE ISLAND ROAD    PLANTATION FL 33324   City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent.    SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE    \$0.00   FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By September 24, 2003    9.   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES   Additional Fee Required   Additional Fee Req	725 SOUTH F	FIGUEROA ST.							T 410 <b>11 1</b> 110 1 <b>11</b> 11	
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Not Applica   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   Fee Require	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE	IF MAKING (	CHANGES	j	
Signature   Sign	City & Sta	ate	City & State		4. FI	El Number 74-2977627	,	<u> </u>	<u> </u>	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  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 access the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  \$0.00  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By September 24, 2003  9.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  ITLE  NAME  GRIFFITH, PETER H, Chairman  Chairman  Chairman  Chairman	Zip	Country	Zip	Country	5. C	ertificate of Status Desired		5.00 Ad	ditional	
Street Address (P.O. Box Number is Not Acceptable)  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 acceptable of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  \$0.00  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By September 24, 2003  9.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  TITLE  NAME  GRIFFITH, PETER H, Chairman  Chairman  Chairman		6. Name and Address of Current	Registered Agent	<del></del>	7. N	ame and Address of New F		<del></del>		
Street Address (P.O. Box Number is Not Acceptable)  PLANTATION FL 33324  City  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 acceptable obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  \$0.00  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By September 24, 2003  9.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  TITLE  NAME  GRIFFITH, PETER H, Chairman  Chairman  Change Addit	0 T 000	DODATION SYSTEM		Name					<del></del>	
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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		portify that the information and in	a Min Sling days are		and in Constant of	(0.07(0)(i) Flacide Oct.	l E male and a second	. sto as at	-f	

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #