2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001363

Entity Name: AFFILIATED FINANCIAL PARTNERS, LLC

98 N. WASHINGTON STREET #107

(X) Delete

(X) Delete

1000 NORTH FRONT STREET, SUITE 240

BOSTON, MA 02114

MGRM

MGRM

HEALEY, JAKE

33 RUST STREET

HEALEY, DONALD

HAMILTON, MA 01982

WORMSLEYBURY, PA

Address:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 29, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
ONE POST 2ND FLOOT FAIRFIELD						
Current Mailing Address:			New Maili	New Mailing Address:		
ONE POST 2ND FLOOT FAIRFIELD						
FEI Number: 20-0232412 FEI Number Applied For () FEI		FEI Number Not App	umber Not Applicable () Certificate of Status			
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	CAYNE BLVD	ERED AGENTS, LLC ., SUITE 1700				
	named entity e of Florida.	submits this statement for the pu	ırpose of changing i	ts registered o	office or registered agent, or both	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
MANAGING MEMBERS/MEMBERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM (CARDINALE, G 113 EAST RIVI RUMSON, NJ	ER ROAD	Title: Name: Address: City-St-Zip:	MILLMAN, MÌC	AD - 2ND FLOOR	
Title: Name: Address: City-St-Zip:	MGRM (X LUONGO, TOM 303 WEST CA HERSHEY, PA	RACAS AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	MGRM (X SHEA ROBER) Delete T	Title:	() Change () Addition	

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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: MICHAEL L. MILLMAN, CHAIRMAN MGRM 03/29/2005