



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-18-2004 90009 039 ***150.00
840396

DOCUMENT # 840396				 <p>FILED APR 19 AM 10:06 TALLAHASSEE, FLORIDA</p>	
1. Entity Name LLOYDS TSB BANK PLC					
Principal Place of Business 25 GRESHAM STREET LONDON EC2V 7HN		Mailing Address 2 S. BISCAYNE BLVD. SUITE 3200 MIAMI FL 33131		<p>54019312</p>  <p>MOORE CR2E034 (11/03)</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2699995-3321516 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOONEY, WILLIAM J 2 BISCAYNE BLVD., STE. 3200 % LLOYDS BANK PLC MIAMI FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	BERGH	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DEN BENGH, MAARTEN				
STREET ADDRESS	25 GRESHAM STREET				
CITY-ST-ZIP	LONDON ec2v- 7hn				
TITLE	D	PRITCHARD, DAVID	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS	25 GRESHAM STREET				
CITY-ST-ZIP	LONDON ec2v -7 hn				
TITLE	DO	DANIELS, ERIC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS	25 GRESHAM STREET				
CITY-ST-ZIP	LONDON ec2v- 7hn				
TITLE	DO	HAMPTON, PHILLIP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME					
STREET ADDRESS	25 GRESHAM ST				
CITY-ST-ZIP	LONDON ec2v- 7hn				
TITLE	O	MOONEY, WILLIAM J	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS	2 BISCAYNE BLVD SUITE 3200				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE	O	MCKENDRY, KEVIN P ESQ.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS	1251 AVE OF THE AMERICAS (39TH FLOOR)				
CITY-ST-ZIP	NEW YORK NY 10020				
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kevin P. Mckendry</i>			Date: 4-9-2004 Daytime Phone #: 212-930-8920		