

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 028 ***550.00

DOCUMENT # 840396



1. Entity Name
LLOYDS TSB BANK PLC

Principal Place of Business
**71 LOMBARD STREET
 LONDON EC2P 3BS**

Mailing Address
**2 S. BISCAYNE BLVD.
 SUITE 3200
 MIAMI FL 33131**



2. Principal Place of Business
25 GRESHAM STREET
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LONDON EC2V 7HN

City & State

4. FEI Number **13-2693385**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DEN BENGH, MAARTEN 71 LOMBARD STREET LONDON EC3P 3BS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ALAN E 71 LOMBARD STREET LONDON EC3P 3BS <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ELLWOOD, PETER B 71 LOMBARD STREET LONDON EC3P 3BS <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO ATKINSON, KENT 71 LOMBARD STREET LONDON EC3P 3BS <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOONEY, WILLIAM J 2 BISCAYNE BLVD SUITE 3200 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MCKENDRY, KEVIN P ESQ. 575 FIFTH AVENUE NEW YORK NY 10017 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN DEN BURGH, MAARTEN 25 GRESHAM STREET LONDON EC2V 7HN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PRITCHARD, DAVID 25 GRESHAM STREET LONDON EC2V 7HN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DO DANIELS, ERIC 25 GRESHAM STREET LONDON EC2V 7HN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DO HAMPTON, Phillip 25 GRESHAM ST LONDON EC2V 7HN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition 1251 AVENUE of THE AMERICAS (39TH Floor) 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: William J. Mooney M126 9/3/03 305-579-8990

CR2E034 (4/03)