

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000595

FILED
Apr 29, 2004
Secretary of State

Entity Name: FARRAND FINANCIAL SERVICES LLC

Current Principal Place of Business:

7100 W. CAMINO REAL, SUITE 401
BOCA RATON, FL 33433

New Principal Place of Business:

1815 N. SURF RD.
SUITE 604H
HOLLYWOOD, FL 33019

Current Mailing Address:

P.O. BOX 218
DANIA, FL 33004

New Mailing Address:

FEI Number: 65-0975944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, ALFRED
1815 N SURF ROAD
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

REEVES, ALFRED
1815 N SURF ROAD
#604
HOLLYWOOD, FL 33019 US

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:

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRYANT, STEVEN E
Address: 7100 W. CAMINO REAL, SUITE 401
City-St-Zip: BOCA RATON, FL 33433

Title: ST () Delete
Name: REEVES, ALFRED
Address: 1815 N SURF RD
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRYANT, STEVEN E
Address: 150 E. SAMPLE RD #310
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR (X) Change () Addition
Name: REEVES, ALFRED
Address: 1815 N SURF RD #604
City-St-Zip: HOLLYWOOD, FL 33019

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: ALFRED REEVES

MGR

04/29/2004

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