

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90043 016 ****55.00

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04162005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000000595 1. Entity Name FARRAND FINANCIAL SERVICES LLC					
Principal Place of Business 1815 N. SURF RD. SUITE 604H HOLLYWOOD, FL 33019			Mailing Address P.O. BOX 218 DANIA, FL 33004		
2. Principal Place of Business 150 E Sample Road Suite, Apt. #, etc. 230		3. Mailing Address Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State		4. FEI Number 65-0975944	
Zip 33064		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, ALFRED 1815 N SURF ROAD #604 HOLLYWOOD, FL 33019				7. Name and Address of New Registered Agent 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 <u><i>Alfred Reeves</i></u> DATE <u>4/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, STEVEN E 150 E. SAMPLE RD #310 POMPAHO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REEVES, ALFRED 1815 N SURF RD #604 HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 indicated on this report is true and accurate and that my 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 <u><i>Alfred Reeves Mgr</i></u> DATE <u>4/18/05</u> 954-258-5341 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					