FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92182 008 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000595

1. Entity Name
FARRAND FINANCIAL SERVICES LLC

30069743

Principal Place of Business	Mailing Address
7100 W. CAMINO REAL, SUITE 401 BOCA RATON, FL 33433	7100 W. CAMINO REAL, SUITE 401 BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 218 Suite, Apt. #, etc.
City & State	City & State: Dania FL
Zip / Country	Zip: 33004 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0975944 — Applied For

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Alfred Reeves
Street Address (P.O. Box Number is Not Acceptable): 1815 N. Surf Rd
City: Hollywood FL Zip Code: 33019

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: Alfred Reeves — Alfred Reeves — DATE: 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ~~HOLMES, GEORGE~~ 7100 W. CAMINO REAL, SUITE 401 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME → / STREET ADDRESS / CITY-ST-ZIP	Bryant, Steven E.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEPELISI, JIM 10640 NW 32ND STREET SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Alfred Reeves 1815 N. Surf Rd Hollywood, FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Alfred Reeves — Alfred Reeves — 4/30/03 — 954-258-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #