

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90556 022 ****50.00

DOCUMENT # L00000002107

1. Entity Name
IVEST FINANCIAL, L.C.



Principal Place of Business
**455 SOUTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801 US**

Mailing Address
**455 SOUTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801 US**

24029929

2. Principal Place of Business
255 S. Orange Avenue

3. Mailing Address
255 S. Orange Avenue

Suite, Apt. #, etc.
Suite 1201

Suite, Apt. #, etc.
Suite 1201

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32801 US

Zip Country
32801 US

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3631373

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE BUSINESS LAW GROUP
455 SOUTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
The Business Law Group

Street Address (P.O. Box Number is Not Acceptable)
**255 S. Orange Avenue
Suite 1201**

City
Orlando

FL Zip Code
32801

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 *[Signature]* **THE BUSINESS LAW GROUP** BY: **J. Bennett Grocock** **3/25/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROCK, J. BENNETT 455 SOUTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Grocock, J. Bennett 255 S. Orange Ave., Ste 1201 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **J. Bennett Grocock** **3/25/04** **407-422-0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #