FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91003 050 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30062951

DOCUMENT # L00000003592

1. Entity Name
FINANCIAL SOLUTIONS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
11641 KEW GARDENS AVE., STE. 101 PALM BEACH GARDENS, FL 33410	11641 KEW GARDENS AVE., STE. 101 PALM BEACH GARDENS, FL 33410

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3601 PGA BLVD	3601 PGA BLVD
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: Palm Beach Gardens FL	City & State: Palm Beach GARDENS FL
Zip: 33410 Country: USA	Zip: 33410 Country:

4. FEI Number: 65-0999000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREVOST, BRUCE F 11641 KEW GARDENS AVE., STE. 101 PALM BEACH GARDENS, FL 33410	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: BPD 4-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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 PREVOST, BRUCE F 11641 KEW GARDENS AVE., STE. 101 PALM BEACH GARDENS, FL 33410	☐ Delete	MGRM PREVOST BRUCE F 3601 PGA BLVD # 301 Palm Beach Gardens FL 33410	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARROLD, DAVID W 11641 KEW GARDENS AVE., STE. 101 PALM BEACH GARDENS, FL 33410	☐ Delete	MGRM Harrold David W 3601 PGA BLVD # 301 Palm Beach GARDENS FL 33410	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: BPD 4-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #