2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004337

1. Entity Name
DON L. FINANCE, L.L.C.

Principal Place of Business	Mailing Address
3250 N W 23RD AVE. SUITE O-100 POMPANO BEACH, FL 33069	3250 N W 23RD AVE. SUITE O-100 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1000452
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

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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 _____ DATE
(If changing, type or print name of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000126889
04/23/04-80052-004 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LLOYD, MAXWELL
STREET ADDRESS	3250 N W 23RD AVE. O-100
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	COHEN, STEPHEN
STREET ADDRESS	3250 N W 23RD AVE. O-100
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/20/04 (954) 968-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MAXWELL Lloyd