

**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.	
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Principal Place of Business 3250 N W 23RD AVE. SUITE 0-100 POMPANO BEACH, FL 33069	Mailing Address 3250 N W 23RD AVE. SUITE 0-100 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



04162004No Chg-LLC

CR2E083 (10/03)

4. FCI Number 65-1000452	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 _____ (Signature typed or printed name. If registered agent, include title in applicable.)	DATE _____ (NOTE: Registered Agent signature required when restate g)
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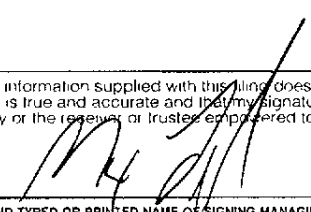
Filing Fee is \$50.00
Due by May 1, 2004

U00000126889
04/23/04-80052-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LLOYD, MAXWELL 3250 N W 23RD AVE. 0-100 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, STEPHEN 3250 N W 23RD AVE. 0-100 POMPANO BEACH, FL 33069
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date 04/20/04 (954) 968-7900	Daytime Phone #
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MAXWELL Lloyd