## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT #  1. Entity Name		•								
1. Entity Name Financial Galeway to Asia, LLC						FILED				
					01 FEB 13 PM 4: 20					
Principal Place of Business Mai <del>ling Address (Sume)</del>										
1600 Shathulk Are #212 Berkeley CA 94709						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Berkeley (A 94709						TALLAHASSEE	, i Com			
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number 088610	2	Not	olied For Applicable	e
Zip Country		Zip Coun		itry	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				
Stephen Screnci 3200 North Military 12 Train Suite 200 Boca Raton, FL 33431					me C T_Corporation_System					
3200	ilitary (1881)	Tail	Street Ac	idraee /	th Pine Island Roa	٠ <u>٦</u>		!		
Suit			120	Ų,DQI	in Pine Island Roa	iu		<del></del> ;		
Boca	55431		City Pla	ant at	rion	FL	Z 333	24 7	7	
8. The above named entity submits this statement for the nurrose of changing its regis				<u> </u> '`		The same of the sa				
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.  CONNIE BRYAN										
SIGNATURE SPECIAL ASSISTANT SECRETARY 2-13-01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State										
9.	MANAGING MEMBER	S/MEMBERS	10.		- 1 100. Q. 100.00	ADDITIONS/C	HANGES			╡॒
TITLE Mgr Dibeorgia				E	Daniel M. Rosenthal 1600 Shaltucle Avenue #212					1,00
STREET ADDRESS 1900 Glades RCP #441				ET ADDRESS	160	so Shaltucle Avenue	1212	_		83 (1
CITY-ST-ZIP DOCA	Rahm, FL	<u>33431</u>		-ST-ZIP	<u> </u>	Belkeley, ca 947	09		<u>.</u>	CR2E083 (11/00
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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 Santes further certify that the information									in the tion	7
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: Eller Young, Mgn. 2/8/01 510-644-0991										
SIGNATURE:	SED OR BRUIT	GNING MANAGING MEMBER, MA	you	ng 1	rion	. 2/8/01	5/0-0	a 4 4 -0	771	
SIGNATURE AND TY	PEU OR PRINTED NAME OF S	GNING MANAGING MEMBER, MA	ABER, OR	AUTHORIZED F	CEPREBEN	Date '	Dayt	ime Phone #		┛