

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

0020717

DOCUMENT # L00000005724

1. Entity Name
24K FINANCIAL, L.L.C.

04-22-2002 90162 040 ***150.00

Principal Place of Business
**3635 BONITA BEACH RD., STE #4
 BONITA SPRINGS FL**

Mailing Address
**3635 BONITA BEACH RD., STE #4
 BONITA SPRINGS FL**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
15601 Fiddlesticks Blvd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT MYERS FL

4. FEI Number **59-3659732** Applied For
 Not Applicable

Zip **33912** Country **USA**

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

**BONE JR, ROBERT E
 1633 SE 47TH TERRACE
 CAPE CORAL FL 33904**

Name **DOUGLAS WALTON**
 Street Address (P.O. Box Number is Not Acceptable)
15601 Fiddlesticks Blvd
 City **FT MYERS FL 33912**

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.

SIGNATURE DATE **4/10/02**

Signature of type or printed name of registered agent or authorized representative (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODSON, TOM 3635 BONITA BEACH RD., STE #4 BONITA SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTON, DOUGLAS 3635 BONITA BEACH RD., STE #4 BONITA SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUE WALTON 15601 Fiddlesticks Blvd FT MYERS FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15601 Fiddlesticks Blvd FT MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **239-770-0702**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)