2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Muli Boutellong

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA

Feb 11, 2004 08:00 AM DOCUMENT # L00000006240 **Secretary of State** 1. Entity Name F & P ASSET ADVISORY SERVICES, L.L.C. Principal Place of Business Mailing Address 2151 WEST HILLSBORO BLVD 2151 WEST HILLSBORO BLVD SUITE 213 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FE! Number City & State 65-1019478 Not Applicable Zıp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDBERG, MELVIN B Street Address (P.O. Box Number is Not Acceptable) 2151 WEST HILLSBORO BLVD SUITE 213 DEERFIELD BEACH FL 33442 City 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITLE MGRM ☐ Delete FRIEDBERG, MELVIN B NAME NAME STREET ADDRESS 2151 W. HILLSBORO BLVD, SUITE 213 STREET ADDRESS CITY-ST-ZIP DEERFIELD FL 33442 CITY-ST-ZIP ☐ Change Addition MGRM Delete TITLE TITLE U00000046739 02/12/04-80010-018 50.00 NAME POTTRUCK, GARRY R NAME STREET ADDRESS 2151 W. HILLSBORO BLVD. SUITE 213 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DEERFIELD FL 33442 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delele TITLE Change ☐ Add:tion NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY - ST- ZIP 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 cath, 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.

FILED

6/04 954-360-0550