


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006759 1. Entity Name JVB FINANCIAL GROUP., L.L.C.	
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Principal Place of Business 2700 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431	Mailing Address 2700 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431
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04252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1019430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STILLMAN, L. VAN LAW OFFICE OF L. VAN STILLMAN PA 1177 GEORGE BUSH BLVD SUITE 308 DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTKEVITS, VINCENT W 3785 N. FEDERAL HWY. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERRY, JAMES K 3785 N. FEDERAL HWY. BOCA RATON, FL 33431
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<p>U000000357874 05/04/05-80093-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: *Joann Lukas* 4-25-05 (561) 939-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #