

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006759

Entity Name: JVB FINANCIAL GROUP., L.L.C.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2700 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2700 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-1019430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
1220 N. MARKET STREET, SUITE 806
SUITE 806
WILMINGTON, FL 19801 US

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: MICHAEL W. ASHLEY

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BUTKEVITS, VINCENT W
Address: 2700 N. MILITARY TRAIL, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: ST () Delete
Name: FERRY, JAMES K
Address: 2700 N. MILITARY TRAIL, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CO

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date