LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90269 025 ****50.00

DOCUMENT # L00000007835 L

1. Entity Name
JVB FINANCIAL HOLDINGS, LLC.

967220

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3785 N. FEDERAL Highway	3785 N. Federal Highway
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Boca Raton, FL	City & State Boca Raton, FL 33431
Zip 33431 Country USA	Zip Country USA

4. FEI Number 65-1021029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Stillman, L. Yan

Street Address (P.O. Box Number is Not Acceptable): 1177 George Bush Blvd. Ste 308

City: Delray Beach, FL Zip Code: 33483

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
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President
NAME	Vincent W. Buttkevits
STREET ADDRESS	3785 N. Federal Highway
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	Secretary / Treasurer
NAME	James K. Ferry
STREET ADDRESS	3785 N. Federal Highway
CITY-ST-ZIP	Boca Raton, FL 33431
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NAME	
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CR2E083B (12/01)

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: X _____ 4-2002 (561) 416-5876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #