


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010062	
1. Entity Name J. GRUSHKA FINANCIAL, LLC	

Principal Place of Business 241 S. WESTMONTE DRIVE SUITE 1050 ALTAMONTE SPRINGS FL 32714	Mailing Address 241 S. WESTMONTE DRIVE SUITE 1050 ALTAMONTE SPRINGS FL 32714
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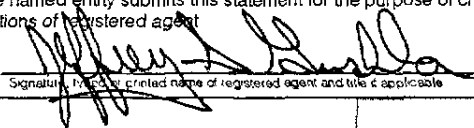
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 59-3666630	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent	
GRUSHKA, JEFFREY S 1311 RIDGE ROAD LONGWOOD FL 32750	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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, the registered agent.


SIGNATURE  **DATE** 1-25-05
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

U00000202239
01/28/05-80101-008 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRUSHKA, JEFFREY S 1311 RIDGE ROAD LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  **DATE** 1-25-05 **Daytime Phone #** 407-862-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE