2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011224

FINANCIAL RESOURCES, LC



May 02, 2005 8:00 am Secretary of State

05-02-2005 90097 027 ****50.00

FILED

Principal Place of Business

Mailing Address

5487 JET PORT INSUSTRIAL BLVD. **TAMPA, FL 33634**

5487 JET PORT INSUSTRIAL BLVD. TAMPA, FL 33634



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04192005 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 59-3672488 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

HODGES, GEOFFREY ESQ.

905 SHADED WATER WAY LUTZ, FL 33549

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				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	HODGES, GEOFFREY T			
STREET ADDRESS	5487 JET PORT INDUSTRIAL BLVD			<u>,</u>
CITY-ST-ZIP	TAMPA, FL 33634			
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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: SIGNATURE AND

STREET ADDRESS CITY-ST-ZIP

> 6.7. Hodges YPED OR PRINTED NAME