LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # 8 99 000000 338 1. Entity Name Banjan Financial Services, LCC			05-07-2002 90347 001 ***100.00		
DO NOT WRITE	N THIS SP	ACE			
7820 South Holiday Dite Suite, Apt. #, etc.	S. Mailing Address S. A. M. Suite, Apt. #, etc.	JA.	DO NOT WRITE IN	I THIS SPACE	
Suite 320 City & State	City & State		4. FEI Number 65-1056688	Applied For Not Applicable	
Zip Country	Zip	Country		\$5.00 Additional Fee Required	
34231 USA		Nome	7. Name and Address of Current Registered Agent		
IN THIS SPACE Street Actor 1824 Sur h		Address Stroot Address	S (D.O. Roy Number is Net Acceptable).		
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite 320 GLY -0.1-to FL 3US0031			
8. The above named entity submits this statement for the	e purpose of changing its re	enistered office or registe	ered agent, or both, in the State of Florida	77~2,	
6. The above hamed entry submits this statement for the		Andrew Bad		8/02	
SIGNATURE Signature, typed or printed name of registered agent and				DATE	
	Make Check Pay	EE IS \$50.00 rable to Department of JE BY MAY 1	of State		
9. MANAGING MEMBERS	/MANAGERS	TITLE		001	
MILE MGRM Baddato Dive Suite 320		NAME STREET ADDRESS		CR2E083B (12/01)	
CITY-ST-ZIP Saralota FL 342				E083E	
TITLE	E		CR2		
NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE		TITLE			
NAME		NAMF STREET ADDRESS		". IDITE	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE		
TITLE NAME		NAME	IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY - S1 - ZIP	*5		
TITLE		TITLE NAME			
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CITY-ST-ZIP		TITLE CHA-21-516	<u></u>		
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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 TYPED OR PRINTED NAMEOR SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date					