

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90118 038 \*\*\*\*50.00

**DOCUMENT # L00000014156**

1. Entity Name  
**FINANCIAL INSTITUTE, LLC**

Principal Place of Business <b>2000 PALM BEACH LAKES BLVD          4TH FLOOR          WEST PALM BEACH FL 33409</b>	Mailing Address <b>2000 PALM BEACH LAKES BLVD          4TH FLOOR          WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1109356</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
Zip	Country	Zip	Country			

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EISENBERG, TODD L  
 2000 PALM BEACH LAKES BLVD  
 4TH FLOOR  
 WEST PALM BEACH FL 33409**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EISENBERG, TODD</b>		NAME		
STREET ADDRESS	<b>2000 PALM BEACH LAKES BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		CITY-ST-ZIP		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EISENBERG, JASON</b>		NAME		
STREET ADDRESS	<b>2000 PALM BEACH LAKES BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** \_\_\_\_\_ **4-22-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)