## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 12, 2006 08

|  | ANNUAL  | Jan 12, 2006 08:00 A                    |   |   |    |  |
|--|---|---|---|---|----|--|
| DOCU   | MENT # L000000158                                       |   |   | Secretary of Stat   | te |  |
| 1. Entity Nam  | ne<br>ANCIAL SERVICES, LLC                              |   |   | -   |    |  |
| TARLET 1199  |   |   |   |   |    |  |
| Principal Plac   | e of Business   | Mailing Address                         | ₹ <u>.</u> * .  |   |    |  |
| 8370 W. FLAGLER ST., STE. 125<br>MIAMI, FL 33144 8370 W. FLAGLER ST., STE. 12<br>MIAMI, FL 33144 |   | 25                                      |   |   |    |  |
|  |   |   | The second second second  |   |    |  |
|  |   |   |   |   |    |  |
|  | O NOT WRITE   | IN THIS SPA                             | CF  | 01092006No Chg-LLC CR2E083 (11/05)  |    |  |
| DO NOT WATE IN THIS OFF  |   |   | <b>—</b>  | 4. FEI Number Applied For 65-1064043 Not Applied                          | _  |  |
|  |   |   |   | 5. Certificate of Status Desired \$5.00 Additional Fee Required           |    |  |
|  | 6. Name and Address of Current R                        | egistered Agent                         |   |   |    |  |
| ROTH, ROBERT   |   |   |   | DO NOT WRITE  |    |  |
| 8370 W. FLAGLER ST., STE. 125<br>MIAMI. FL 33144   |   |   |   |   |    |  |
|  |   |   | ]<br>{  | IN THIS SPACE   |    |  |
|  |   | the purpose of changing its register    | red office or register  | red agent, or both, in the State of Florida. I am familiar with, and acce | pt |  |
| the obligat  | tions of registered agent.                              |   |   |   |    |  |
| SIGNATURE.   | Signature, typed or printed name of registered agent an | d tide if applicable. (NOTE Registers   | ed Ågent signature required   | when reinstating) DATE  | _  |  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2006               | . 4                                     | A TOTAL TOTAL AND A TOTAL AND | •                                   |    |  |
| 9,   | MANAGING MEMBER   | S/MANAGERS                              |   |   |    |  |
| TITLE<br>Name  | TRES ROTH, ROBERT CPA                                   | - · · · · · · · · · · · · · · · · · · · |   |   |    |  |
| STREET ADDRESS   | 8370 W. FLAGLER ST., STE, 125                           |   |   |   |    |  |
| CITY+ST-ZIP  | MIAMI, FL 33144   |   | 4   | . Uddodenění en   |    |  |
| TITLE<br>Name  | P<br>MITTELBERG, RICKEY 1 CPA                           |   |   | U00000383187<br>01/12/06-80043-015 50.00                                  |    |  |
| STREET ADDRESS   | 8370 W. FLAGLER ST., STE. 125                           |   |   |   |    |  |
| CITY-ST-ZIP  | MIAMI, FL 33144   | <del>, , ,</del>                        | -   |   |    |  |
| NAME   | LEVY, ERIC  |   |   |   |    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 8370 W FLAGLER ST #125<br>MIAMI, FL 33144               |   | ]   | DO NOT WRITE  |    |  |
| TITLE  |   | 721                                     | -   | IN THIS SPACE   |    |  |
| NAME<br>OWNERS ADDRESS   |   |   |   | IN THIS SPACE   |    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | ]   |   |    |  |
| TITLE  |   | <del> </del>                            |   |   |    |  |
| Name<br>Street address   |   |   |   |   |    |  |
| CITY-ST-ZIP  |   |   | 1   |   |    |  |
| Total C  | 5   |   | _   |   |    |  |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE: |                       | _2_               |                | <u> </u> |
|------------|-----------------------|-------------------|----------------|----------|
| RICHATTIE  | E AND TYPED OF PRINTE | D NAME OF SIGNING | MANAGUG VERRED | OF 4     |

NAME STREET ADDRESS CITY-ST-ZIP

1/9/06

305-554-1560

Daytime Phone