2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90133 010 ****50.00

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1. Entity Name
FINANCIAL RESOURCE/CHARITABLE PROGRAMS, L.L.C.

14062007

Principal Place of Business	Mailing Address
7791 BELFORT PARKWAY JACKSONVILLE, FL 32256	7791 BELFORT PARKWAY SUITE 450 JACKSONVILLE, FL 32256

07022004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3708107
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EJB PLANNING INC
STREET ADDRESS	~~4190 BELFORT RD #450~~ 7791 Belfort Parkway
CITY-ST-ZIP	JACKSONVILLE, FL ~~32216~~ 32256
TITLE	MGRM
NAME	INSURANCE RESOURCE ALLIANCE INC
STREET ADDRESS	~~4190 BELFORT RD #450~~ 7791 Belfort Parkway
CITY-ST-ZIP	JACKSONVILLE, FL ~~32216~~ 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7-8-04 904-296-4100 X163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #