



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007250 1. Entity Name PACESETTERS FINANCIAL SERVICES, LLC	
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Principal Place of Business 100 E. LINTON BLVD. #211-B DEL REY BEACH, FL 33483	Mailing Address 100 E. LINTON BLVD. #211-B DELRAY BEACH, FL 33483
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03162005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1101527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent COVINGTON, SAM 100 E. LINTON BLVD. #211-B DELRAY BEACH, FL 33483

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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 <u><i>Sam Covington MGRM</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>3/16/05</u> <small>DATE</small> <small>(NOTE: Registered Agent signature required when renewing)</small>

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVINGTON, SAM 100 E LINTON BLVD STE 211B DELRAY BEACH, FL 33483
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03/18/05-80054-004 50.00
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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: <u><i>Sam Covington</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/16/05</u> <u>561 266 5835</u> <small>Date Daytime Phone #</small>