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Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90194 045 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

24011556

DOCUMENT # L01000013598

1. Entity Name

AMERYS FINANCIAL GROUP, L.L.C.

Principal Place of Business	Mailing Address
2000 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134	2000 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
801 Brickell Ave.	801 Brickell Ave.
Suite, Apt #, etc. Suite 900	Suite, Apt #, etc. Suite 900
City & State Miami FL	City & State Miami FL
Zip 33131 Country Dade	Zip 33131 Country Dade

4. FEI Number 65-1134767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, JONATHAN R ESQ.
536 BILTMORE WAY
CUEVAS & RUBIN PA
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Joseph Egosi

Street Address (P.O. Box Number is Not Acceptable) 100 Tanglewood CT.

City Safety Harbor FL Zip Code 34695

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 Joseph Egosi - managing member [signature] 1/26/04

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGOSI, JOSEPH 911 ALGERIA AVE. CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Egosi, Joseph 100 Tanglewood ct. Safety Harbor, FL 34695	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUCKER, JOSHUA 22 SERINITY DRIVE MANDEVILLE LA 70471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] - Joshua Drucker - Managing Member 1/26/04 305-444-8662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #