


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90207 038 \*\*\*\*50.00

<b>DOCUMENT # L01000017843</b>	
1. Entity Name <b>MULL &amp; ASSOCIATES FINANCIAL CENTER OF ISLAMORADA, LLC</b>	

Principal Place of Business <b>P.O. BOX 1406, 91760 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>	Mailing Address <b>P.O. BOX 1406, 91760 OVERSEAS HIGHWAY TAVERNIER, FL 33070</b>
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2. Principal Place of Business <b>91760 Overseas Hwy.</b>	3. Mailing Address <b>91760 Overseas Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tavernier, FL</b>	City & State <b>Tavernier, FL</b>
Zip <b>33070</b>	Zip <b>33070</b>
Country <b>USA</b>	Country <b>USA</b>

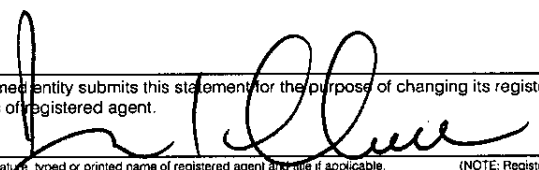


01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>52-2354088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MILLS, PATRICIA B 91760 OVERSEAS HWY TAVERNIER, FL 33070</b>		7. Name and Address of New Registered Agent Name <b>Mull, Patricia B.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

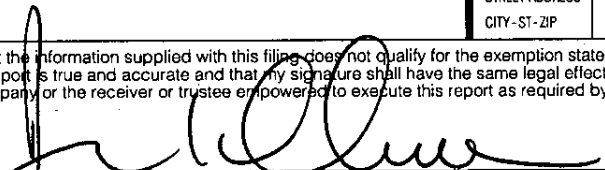
SIGNATURE  DATE **1-28-04**

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

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MULL, PATRICIA B 91760 OVERSEAS HWY TAVERNIER, FL 33070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **1-28-04** 305-852-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE