2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021646

Entity Name: AMERIFUND CAPITAL GROUP, LLC

FILED Feb 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1800 S. OCEAN BLVD., #1108 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

1800 S. OCEAN BLVD., #1108 POMPANO BEACH, FL 33062 1800 S. OCEAN BLVD., #1108 LAUDERDALE BY THE SEA, FL 33062

FEI Number: 65-1159065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPANIER, JEFFREY

123 WEST LEE RD.

1800 S OCEAN BLVD

DELRAY BEACH, FL 33445 US 1108
LAUDERDALE BY THE SEA, FL 33062 US

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.

SIGNATURE: MICHAEL P WOLFMAN 02/17/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WOLFMAN, MICHAEL P
 Name:

 Address:
 1800 S. OCEAN BLVD., #1108
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

Title: () Delete Title: MGRM (X) Change () Addition Name: WOLFMAN, MICHAEL P Name: WOLFMAN, MICHAEL P Address: 1800 S. OCEAN BLVD., #1108 Address: 1800 S. OCEAN BLVD., #1108 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL P. WOLFMAN MGRM 02/17/2004