


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

05-25-2004 90204 013 \*\*\*\*50.00

<b>DOCUMENT # L02000000582</b>	
1. Entity Name <b>INDEPENDENT BANKERS' BANK OUTSOURCING SERVICES OF FLORIDA, LLC</b>	

Principal Place of Business <b>615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 32746-2109</b>	Mailing Address <b>615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 32746-2109</b>
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**34008964**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06092004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>75-3033542</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BALL, BART B 615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 32746-2109</b>		Name <b>Bart B. Hall</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>615 Crescent Executive Court</b>	
		Suite 400	
		City <b>Lake Mary</b>	FL


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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by September 8, 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	MGRM WHITE, JOHN F 133 EAST OAK AVE. MOORESTOWN, NJ 08057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM White, John F. 341 New Albany Rd., Suite 100 Moorestown, NJ 08057 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, CHRIS B 738 WYNDALD ROAD JENKINTOWN, PA 19046 <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	MGRM LUBERT, IRA 9800 BUCCANEER MALL, STE. 36 ST. THOMAS, VIRGIN ISLAND, 00802 <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	MGRM PALMER, JOHN 22 CARDINAL DRIVE MOORESTOWN, NJ 08057 <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	MGRM Bart B. Hall 615 Crescent Executive Ct., Ste 400 Lake Mary, Florida 32746 <input type="checkbox"/> Change <input checked="" 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

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.

<b>SIGNATURE:</b> 	<b>6/9/04</b>	<b>407/541-1620</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/25/2004-90204-013-\$50.00-\$50.00

*Attachment*

*34008964*

**DOCUMENT # L02000000582**

**1. Entity Name**  
INDEPENDENT BANKERS' BANK OUTSOURCING  
SERVICES OF FLORIDA, LLC  
*Partnership*

**Principal Place of Business**  
615 CRESCENT EXECUTIVE COURT, SUITE 400  
LAKE MARY, FL 32746-2109

**Mailing Address**  
615 CRESCENT EXECUTIVE COURT, SUITE 400  
LAKE MARY, FL 32746-2109

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number**  
75-3033542

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

**6. Name and Address of Current Registered Agent**  
*HALL*  
BART B  
615 CRESCENT EXECUTIVE COURT, SUITE 400  
LAKE MARY, FL 32746-2109

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	WHITE, JOHN F	133 EAST OAK AVE.	MOORESTOWN, NJ 08057	<input type="checkbox"/>
MGRM	HARRIS, CHRIS B	738 WYNDALE ROAD	JENKINTOWN, PA 19046	<input type="checkbox"/>
MGRM	LUBERT, IRA	9800 BUCCANEER MALL, STE. 36	ST. THOMAS, VIRGIN ISLAND. 00802	<input type="checkbox"/>
MGRM	PALMER, JOHN	22 CARDINAL DRIVE	MOORESTOWN, NJ 08057	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	WHITE, JOHN F.	341 NEW ALBANY ROAD, SUITE 100	MOORESTOWN, NJ 08057	<input checked="" type="checkbox"/>
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"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.**

**SIGNATURE:** *John F. Palmer* **5/18/04** **856-914-9500**

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