

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

09-14-2004 90067 012 ****50.00


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

24085234



08242004 Chg-LLC CR2E083 (10/03) 9/15

DOCUMENT # L02000000582																																															
1. Entity Name INDEPENDENT BANKERS' BANK OUTSOURCING SERVICES OF FLORIDA, LLC <i>Partnership</i>																																															
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			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	4. FEI Number 75-3033542																																											
				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			7. Name and Address of New Registered Agent																																												
HALL, BART B 615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 32746-2109			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
Amended AR is \$50.00																																															
<table border="1"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM WHITE, JOHN F 341 NEW ALBANY RD, STE 100 MOORESTOWN, NJ 08057</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM HARRIS, CHRIS B 738 WYNDALE ROAD JENKINTOWN, PA 19046</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM LUBERT, IRA 9800 BUCCANEER MALL, STE. 36 ST. THOMAS, VIRGIN ISLAND, 00802</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM IL OPERATIONS, LLC 919 MARKET STREET, SUITE 1000 WILMINGTON, DE 19801</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM PALMER, JOHN 22 CARDINAL DRIVE MOORESTOWN, NJ 08057</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM BALL, BART B 615 CRESCENT EXECUTIVE CT., STE 400 LAKE MARY, FL 32746</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM HALL, BART B 615 CRESCENT EXECUTIVE CT., STE. 400 LAKE MARY, FL 32746</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, JOHN F 341 NEW ALBANY RD, STE 100 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	MGRM HARRIS, CHRIS B 738 WYNDALE 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	MGRM IL OPERATIONS, LLC 919 MARKET STREET, SUITE 1000 WILMINGTON, DE 19801	<input checked="" 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	MGRM BALL, BART B 615 CRESCENT EXECUTIVE CT., STE 400 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, BART B 615 CRESCENT EXECUTIVE CT., STE. 400 LAKE MARY, FL 32746	<input checked="" 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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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: <i>John F. White</i> John F. White 9/1/04 856-914-9500																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																															