

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004755

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** TANWELL FINANCIAL SERVICES GROUP, LLC

**Current Principal Place of Business:**

3975 FORRESTAL AVENUE  
600  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

3975 FORRESTAL AVENUE  
600  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 43-1953229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAXWELL, CHARLES R II  
4309 INWOOD LANDING DRIVE  
ORLANDO, FL 32812 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: MAXWELL, CHARLES R II  
Address: 4309 INWOOD LANDING DRIVE  
City-St-Zip: ORLANDO, FL 32812 US

Title: MGR      ( ) Delete  
Name: TANNOUS, NADER E  
Address: 55 EAST ERIE SUITE # 1504  
City-St-Zip: CHICAGO, IL 60611 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES R. MAXWELL II      MGR      04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date