



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90035 050 \*\*\*\*50.00

<b>DOCUMENT # L02000006251</b> 1. Entity Name <b>FINANCIAL CONSULTING GROUP, LLC</b>					
Principal Place of Business <b>ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394</b>			Mailing Address <b>ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>01-0717079</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MUCCI, MARK S ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394</b>					
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Mark Mucci</i></u> DATE <u><i>4/9/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEARES, DONALD ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394 <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: <u><i>Mark Mucci</i></u> <i>4/9/04</i> <i>954-524-6800</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					