


04-11-2003 90549 003 ****55.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000006868

1. Entity Name
GEB FINANCIAL SERVICES GROUP, LLC



Principal Place of Business
 1500 SAN ROY DR.
 DUNEDIN, FL 34698

Mailing Address
 1500 SAN ROY DR.
 DUNEDIN, FL 34698

2. Principal Place of Business
 601 Cleveland Street
 Suite, Apt. #, etc. Suite 300
 City & State Clearwater, FL
 Zip 33755 Country USA

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

4. FEI Number
 02-0565074 Applied For: Not Applicable

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

7. Name and Address of New Registered Agent
 Name Finley, Fletcher & Knapmeyer, LLP
 Street Address (P.O. Box Number is Not Acceptable)
 413 Cleveland Street
 City Clearwater FL Zip Code 33755

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 *Glenn Edward Best* Office Manager DATE April 7, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEB IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Glenn Edward Best 601 Cleveland Street, Suite 300 Clearwater, FL 33755 <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: *Glenn Edward Best* / Glenn Edward Best (727) 447-6877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)