


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008310 1. Entity Name FINOFL, L.L.C.	
--	---

Principal Place of Business 6020 BULLARD AVE. NEW ORLEANS, LA 70128	Mailing Address 6020 BULLARD AVE. NEW ORLEANS, LA 70128
---	---

DO NOT WRITE IN THIS SPACE



04132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0711233	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

STAKELUM, PIERCY J IV
203 E. LIVINGSTON ST.
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 retesting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000113617
04/15/04-80016-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKEY, RICHARD MD 6020 BULLARD AVE. NEW ORLEANS, LA 70128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, STEVEN N 6020 BULLARD AVE. NEW ORLEANS, LA 70128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LU, PETER Y MD 6020 BULLARD AVE. NEW ORLEANS, LA 70128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Steven N. Taylor, MD 4/13/04 (504) 246-8971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #