


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90317 009 \*\*\*\*50.00

**DOCUMENT # L02000009729**

1. Entity Name  
**AMERICAN CAPITAL MARKETS LLC**



Principal Place of Business <b>6511 NOVA DRIVE          PMB#313          DAVIE, FL 33317</b>	Mailing Address <b>6511 NOVA DRIVE          PMB#313          DAVIE, FL 33317</b>
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**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>04-3646663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GREENSTEIN, IVAN  
 6511 NOVA DRIVE #313  
 DAVIE, FL 33317**

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GREENSTEIN, IVAN 6511 NOVA DRIVE, PMB 313 DAVIE, FL 33317</b>
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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:** *Ivan Gruntz* **2-21-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #