## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000012673

Name:

Address:

City-St-Zip:

218 SOUTH U.S. HIGHWAY ONE

TEQUESTA, FL 33469 US

Entity Name: TEQUESTA FINANCIAL CENTER, LLC

FILED Feb 09, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
Current P	rincipai Piace	or Business:	New Principal Place	e or business:
218 SOUT SUITE 300	H U.S. HIGHW	/AY ONE		
	A, FL 33469	US		
Current M	lailing Addres	s:	New Mailing Address:	
218 SOUTH U.S. HIGHWAY ONE				
SUITE 300 TEQUEST	A, FL 33469	US		
FEI Number	: 74-3045317	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
KASTEN, CATHERINE L ESQ. 1555 PALM BEACH LAKES BLVD. SUITE 1600 WEST PALM BEACH, FL 33401 US			KASTEN, MARK J 218 SOUTH US HWY ONE SUITE 300 TEQUESTA, FL 33469 US	
	named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
SIGNATURE: MARK J. KASTEN				02/09/2005
	Electron	ic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MARTYN, CHAF	S. HIGHWAY ONE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	KASTEN, MARK	S. HIGHWAY ONE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUTCHISON, T	S. HIGHWAY ONE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () SULLIVAN, PAT	Delete RICIA W	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARK J. KASTEN 02/09/2005