


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

30053756

DOCUMENT # L02000012719 1. Entity Name MYRIAD FINANCIAL SERVICES, LLC			
Principal Place of Business 201 EAST PINE, SUITE 625 ORLANDO, FL 32801		Mailing Address 201 EAST PINE, SUITE 625 ORLANDO, FL 32801	
2. Principal Place of Business 654 N. PINE AVE. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State OVIEDO FL		City & State _____	
Zip 32765		Country SEMIWOLE	
4. FEI Number 01-0725972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent WOODS, JONATHAN D 15 WEST CHURCH STREET, SUITE 203 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name: DAVID COOPER Street Address (P.O. Box Number Is Not Acceptable): 654 N. PINE AVE. City: OVIEDO FL Zip Code: 32765		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: <i>x David Cooper</i> DATE: 3/5/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 9, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, DAVID 664 PINE AVENUE OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EIDLEN, MELVIN 106 CRYSTAL RIDGE COURT LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 606, Florida Statutes.			
SIGNATURE: <i>x David Cooper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 3/5/03 407-366-8907 <small>Daytime Phone #</small>	

CH2E088 (10/02)