

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013910

FILED
Jan 15, 2004
Secretary of State

Entity Name: INJURY FUNDS LLC

Current Principal Place of Business:

551 S.E. 8TH STREET, SUITE 600
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

551 S.E. 8TH STREET, SUITE 600
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 75-3066273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODROBINA, MARC J
551 S.E. 8TH STREET, SUITE 600
DELRAY BEACH, FL 33483

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HTS TELECOMMUNICATIO, NS, INC
Address: 551 SE 8TH STREET, SUITE 600
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: ATLANTIC TRUST,
Address: P.O. BOX 310463
City-St-Zip: MIAMI, FL 33231

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MTS TELECOMMUNICATIO, NS, INC
Address: 551 SE 8TH STREET, SUITE 600
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARC ODROBINA

CFO

01/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date