


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2004-90001050-\$55.00-\$55.00

DOCUMENT # L02000014792					
1. Entity Name ALUMNI FINANCIAL SERVICES, LLC					
Principal Place of Business 11100 SIXTY-SIXTH STREET SUITE 26 LARGO, FL 33773		Mailing Address 11100 SIXTY-SIXTH STREET SUITE 26 LARGO, FL 33773			
2. Principal Place of Business <i>11100 66th St N</i>		3. Mailing Address <i>11100 66th St N</i>			
Suite, Apt. #, etc. <i>#25</i>		Suite, Apt. #, etc. <i>#25</i>			
City & State <i>Largo FL</i>		City & State <i>Largo FL</i>		4. FEI Number 04-3688790	
Zip <i>33773</i>		Country <i>Pueblas</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>33773</i>		Country <i>FL</i>		6. Name and Address of Current Registered Agent	
City <i>Largo</i>		State <i>FL</i>		7. Name and Address of New Registered Agent	
State <i>FL</i>		Zip <i>33773</i>		Name	
Country <i>Pueblas</i>		Country <i>FL</i>		Street Address (P.O. Box Number is Not Acceptable)	
Country <i>Pueblas</i>		Country <i>FL</i>		City	
Country <i>Pueblas</i>		Country <i>FL</i>		Zip Code	
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 _____ DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			DEPARTMENT OF STATE Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAE, WILLIAM J	NAME			
STREET ADDRESS	11100 SIXTY-SIXTH STREET, SUITE 26	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33773	CITY-ST-ZIP			
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CITY-ST-ZIP		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 608, Florida Statutes.					
SIGNATURE: <i>William J Rae</i>			Date: <i>9/28/04</i>		Daytime Phone #: <i>727-546-3044</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

04 SEP 29 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09032004 Chg-LLC CR2E083 (10/03)

4. FEI Number **04-3688790** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

SIGNATURE _____ DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

DEPARTMENT OF STATE
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