2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# L02000017783

Entity Name: FINANCIAL SERVICE PARTNERS, LLC

Current Principal Place of Business:

1825 MAIN STREET
SUITE 103
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1825 MAIN STREET
SUITE 103
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 52-2366993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOWAY, ALAN M
1825 MAIN STREET
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SOLOWAY, ALAN M
1825 MAIN STREET
SUITE 103
WESTON, FL 33326 US

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: _____ 04/05/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SOLOWAY, ALAN M MGRM
Address: 1514 BLUE JAY CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: MGR ( ) Delete
Name: SOLOWAY, MICHELE M MGR
Address: 1514 BLUE JAY CIRCLE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SOLOWAY, ALAN M MGRM
Address: 1825 MAIN STREET SUITE 103
City-St-Zip: WESTON, FL 33326 US

Title: MGR (X) Change ( ) Addition
Name: SOLOWAY, MICHELE M MGR
Address: 1825 MAIN STREET SUITE 103
City-St-Zip: WESTON, FL 33326 US

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: ALAN M. SOLOWAY, MGM MGM 04/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date