2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017878

1. Entity Name

CAPITAL RESOURCES FINANCIAL GROUP, LLC



FILED Jan 08, 2004 08:00 AM -Secretary of State

Principal Place of Business

124 E. HOWARD STREET LIVE OAK, FL 32064 Mailing Address

124 E. HOWARD STREET LIVE OAK, FL 32064



DO NOT WRITE IN THIS SPACE

01052004No Chg-LLC CR2E083 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, J.S. SR 4476 U.S. 129 LIVE OAK, FL 32060

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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 the obligations of registered agent.			
SIGNAT	TURE	(NOTE. Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TOLE	MGR		

MUSIC, DENNIS E 18323 COUNTY ROAD 250 STREET ADDRESS LIVE OAK, FL 32060 CITY-ST-ZIP MGR TITLE BAKER, J.S. SR. NAME STREET ADDRESS 4476 U.S. 129 CITY - ST - ZIP LIVE OAK, FL 32060 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000000825 U1/09/04-80014-007 50.00

DO NOT WRITE IN THIS SPACE

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 upport as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

12/2004

386-330-2234

Dayto