FILED

ANNUAL REPORT				Apr 19, 2004 08:00	
DOCUMENT # L02000019728 1. Entity Name EXECUTIVE FINANCIAL GROUP, L.L.C.				Secretary of State	
Principal Place of Business Mailing Address 5682 STAG THICKET LANE 5682 STAG THICKET LANE PALM HARBOR, FL 34685 PALM HARBOR, FL 34685					
D	O NOT WRITE	IN THIS SPA	CE	04052004No Chg-LLC 4. FEI Number 56-2292093 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	un Fro t		ree nequieu
PICCININI, RONALD D 5682 STAG THICKET LANE PALM HARBOR, FL 34685			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent artifleting Fee is \$50.00 ue by May 1, 2004	symmetry.	ed Agent signature required		rida. I am familiar with, and accept
9.	MANAGING MEMBER	S/MANAGERS		- 00000	U119436
TITLE NAME STREET ADDRESS CITY - ST-ZIP	MGR PICCININI, RONALD D 5682 STAG THICKET LANE PALM HARBOR, FL 34685			DO NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		-		

11. I hereby certify that the information supplied with this filling 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 fine and accurate and that municipature 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 employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

813-353-5219

Daylime Phone #