


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Ref

FILED
May 25, 2004 8:00 am
Secretary of State

05-05-2004 90013 027 ****55.00

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| DOCUMENT # L02000020738 | | | |  | |
| 1. Entity Name THE FINANCIAL CONSORTIUM INTERNATIONAL, LLC | | | | | |
| Principal Place of Business 2101 NW CORPORATE BLVD 414 BOCA RATON FL 33431 | | | Mailing Address 2101 NW CORPORATE BLVD 414 BOCA RATON FL 33431 | | |
| 2. Principal Place of Business 1600 S. Federal Hwy Suite, Apt. #, etc. Suite 350 | | | 3. Mailing Address PO BOX 667126 Suite, Apt. #, etc. | | |
| City & State Pompano Bch, FL | | | City & State Pompano Bch, FL | | |
| Zip 33062 | | Country USA | | Zip 33066 | |
| | | | | Country USA | |
| 4. FEI Number 01-0756267 | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent POLLOCK, KENNETH S ESQ C/O NEWMAN, POLLOCK & KLEIN, LLP 2101 NW CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431 | | | | 7. Name and Address of New Registered Agent Name Irwin J. Newman, Esq. Street Address (P.O. Box Number is Not Acceptable) 1600 S. Federal Hwy #350 City Pompano Beach FL Zip Code 33062 | |
| 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 <u>Irwin J. Newman</u> DATE 4-26-04 <small>(NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR <input type="checkbox"/> Delete FAMCO ACQUISITION COMPANY, INC. 2101 NW CORPORATE BLVD #414 BOCA RATON FL 33431 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR - Famco Acquisition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 S. Federal Hwy Ste 350 BOCA RATON, FL 33062 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: <u>Irwin J. Newman</u> DATE 4-26-04 (954) 786-5979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |