

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L02000020738

1. Entity Name
THE FINANCIAL CONSORTIUM INTERNATIONAL, LLC



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

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

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
City & State
Pompano Beach, FL
Zip 33062 Country USA
3. Mailing Address
PO Box 667126
Suite, Apt. #, etc.
City & State
Pompano Beach, FL
Zip 33066 Country USA

4. FEI Number 01-0756267
Applied For
Not Applicable

5. Certificate of Status Desired \$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 LEWIN 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 Lewin J. Newman

4-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 3, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR Delete
NAME FAMCO ACQUISITION COMPANY, INC.
STREET ADDRESS 2101 NW CORPORATE BLVD # 414
CITY-ST-ZIP BOCA RATON FL 33431

10. ADDITIONS/CHANGES

TITLE MGR - Family Acquis. Inc Change Addition
NAME 1600 S. Federal Hwy #350
STREET ADDRESS Boca Raton, FL 33062

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
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: Lewin J. Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-04 (954)786-5979
Date Daytime Phone #