


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000020738	
1. Entity Name THE FINANCIAL CONSORTIUM INTERNATIONAL, LLC	

Principal Place of Business 1600 S. FEDERAL HWY SUITE 350 POMPANO BEACH FL 33062 US	Mailing Address P.O. BOX 667126 POMPANO BEACH FL 33066 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 01-0756067		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 NEWMAN, IRWIN J ESQ. 1600 S. FEDERAL HWY #350 POMPANO BEACH FL 33062	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAMCO ACQUISITION COMPANY, INC. 1600 S. FEDERAL HWY STE 302 BOCA RATON FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000204162 01/29/05-80057-013 55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Irwin J. Newman **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**
Date: 1/25/05 Daytime Phone #: (954) 786-0007