

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000020923	
1. Entity Name CAMBRIDGE FINANCE, LLC	



Principal Place of Business 6394 VIA ROSA BOCA RATON, FL 33433	Mailing Address 6394 VIA ROSA BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg -LLC CR2E083 (10/03)

4. FEI Number: 32-0027033	Applied For Not Applicable
5. Certificate of Status Cleared <input type="checkbox"/>	\$6.00 Additional Fee Required

8. Name and Address of Current Registered Agent  HEINERMANN, THEODORE J BUTZEL LONG, P.C. 1200 N FEDERAL HWY, STE 420 BOCA RATON, FL 33432	
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retaking)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STONE, ELLIOT 6394 VIA ROSA BOCA RATON, FL 33433
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05/04/04-80139-015 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)(g), 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: *[Signature]* member  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE