


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

<b>DOCUMENT # L02000020923</b> <small>1. Entity Name</small> CAMBRIDGE FINANCE, LLC	
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<small>Principal Place of Business</small> 6394 VIA ROSA BOCA RATON, FL 33433	<small>Mailing Address</small> 6394 VIA ROSA BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg -LLC CR2E083 (10/03)

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

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

<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when retaking)</small>	<small>DATE</small>
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**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGR STONE, ELLIOT 6394 VIA ROSA BOCA RATON, FL 33433
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

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05/04/04-80139-015 50.00

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.

<b>SIGNATURE:</b> 	<small>DATE</small>	<small>Entity Name</small>
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SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE