


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      Mailing Address  
 6394 VIA ROSA                      6394 VIA ROSA  
 BOCA RATON, FL 33433              BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



04302004 No Chg -LLC      CR2E083 (10/03)

4. FEI Number:      Applied For  
 32-0027033              Not Applicable

5. Certificate of Status Cleared       \$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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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

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE