2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

## Mar 09, 2004 08:00 AM **Secretary of State**. DOCUMENT # L02000031031 1. Entity Name EZ BÁNKING FINANCE, LLC Principal Place of Business Mailing Address 1820 N. CORPORATE LAKE BLVD. 1820 N. CORPORATE LAKE BLVD. SUITE 203 SUITE 203 WESTON, FL 33326 WESTON, FL 33326 01102004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3727252 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORENZO, JOSE E DO NOT WRITE 1820 N. CORPORATE LAKE BLVD. SUITE 202 IN THIS SPACE WESTON, FL 3326 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 U00000082437 03/09/04-80030-001 50\_00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE STAND ART FOUR, LLC NAME STREET ADDRESS N. CORPORATE LAKE BLVD. SUITE 202 CITY-ST-ZIP WESTON, FL 33326 SHER, VICTOR D MR. NAME STREET ADDRESS 3215 NE 184 TH STREET # 14309 AVENTURA, FL 33160 CITY - ST - ZIP TITLE SANCHEZ, KENNY C MRS. 1125 SATINLEAF ST. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL 33019 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET LODRESS CITY - STATE

11. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

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

954-2178616

**FILED**