

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 047 ****50.00

DOCUMENT # L02000031031 1. Entity Name EZ BANKING FINANCE, LLC.					
Principal Place of Business 1820 N. CORPORATE LAKE BLVD. SUITE 203 WESTON, FL 33326 US			Mailing Address 1820 N. CORPORATE LAKE BLVD. SUITE 203 WESTON, FL 33326 US		
2. Principal Place of Business 1820 N CORPORATE LAKE BLVD Suite, Apt. #, etc. 206		3. Mailing Address Suite, Apt. #, etc. 206			
City & State WESTON FL		City & State WESTON FL		4. FEI Number 04-3727252	
Zip 33326		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, JOSE E 1820 N. CORPORATE LAKE BLVD. SUITE 202 WESTON, FL 3326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAND ART FOUR, LLC N. CORPORATE LAKE BLVD. SUITE 202 WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHER, VICTOR D MR. 3215 NE 184 TH STREET # 14309 AVENTURA, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, KENNY C MRS. 1125 SATINLEAF ST. HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACECON CONSTRUCTION, CORP. 1820 N. CORPORATE LAKES BLVD. # 206 WESTON FLORIDA 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR L & L CONSULTANTS & INVESTMENT, Corp. 333 REGAL COVE RD WESTON FL 33327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		JOSE E. LORENZO (MANAGING MEMBER)		01/27/05 954 217 8616 <small>Date Daytime Phone #</small>	