

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031031

Entity Name
BANKING FINANCE, LLC



Principal Place of Business
320 N. CORPORATE LAKE BLVD.
SUITE 206
WESTON, FL 33326 US

Mailing Address
1820 N. CORPORATE LAKE BLVD.
SUITE 206
WESTON, FL 33326 US



01132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3727252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIRENZO, JOSE E
320 N. CORPORATE LAKE BLVD.
SUITE 202
WESTON, FL 33326

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IN THIS SPACE**

I, 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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000398450
01/30/06-80095-012 50.00

MANAGING MEMBERS/MANAGERS

NAME	MGR
NAME	SHER, VICTOR D MR.
STREET ADDRESS	3215 NE 184 TH STREET # 14309
CITY-STATE-ZIP	AVENTURA, FL 33160
NAME	MGR
NAME	SANCHEZ, KENNY C MRS.
STREET ADDRESS	1125 SATINLEAF ST.
CITY-STATE-ZIP	HOLLYWOOD, FL 33019
NAME	MGR
NAME	ACECON CONSTRUCTION CORP
STREET ADDRESS	1820 N. CORPORATE LAKE BLVD. #206
CITY-STATE-ZIP	WESTON, FL 33326
NAME	MGR
NAME	L & L CONSULTANTS & INVESTMENTS, CORP
STREET ADDRESS	333 REGAL COVE RD
CITY-STATE-ZIP	WESTON, FL 33327
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/06 (786) 426-5439

Daytime Phone #