

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032175

**FILED**  
**Jul 27, 2004**  
**Secretary of State**

**Entity Name:** ACROPOLIS FINANCIAL GROUP, L.L.C.

**Current Principal Place of Business:**

21939 US 19N  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

21939 US 19N  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 01-0756185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCRARY, KEVIN D  
21939 US 19N  
CLEARWATER, FL 33765

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCCRARY, KEVIN D  
Address: 2273 VIA CIPRIANI #1334A  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCRARY, KEVIN D  
Address: 14908 WINTERWIND DR.  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEVIN D. MCCRARY

MEMB

07/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date