


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90060 013 ****50.00

DOCUMENT # L03000003273

1. Entity Name
STATE FINANCIAL SERVICES, LLC



Principal Place of Business
**1572 ANNA CATHERINE DRIVE
 ORLANDO, FL 32828**

Mailing Address
**1572 ANNA CATHERINE DRIVE
 ORLANDO, FL 32828**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
47-0905703

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ACETO, RYAN L
1572 ANNA CATHERINE DRIVE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name **Michael E. White**

Street Address (P.O. Box Number is Not Acceptable)
1572 Anna Catherine Dr

City **Orlando** State **FL** Zip Code **32828**

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 **4/27/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

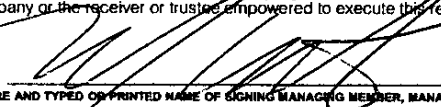
9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
MGRM	ACETO, RYAN L	1572 ANNA CATHERINE DRIVE	ORLANDO, FL 32828	<input checked="" type="checkbox"/>
MGRM	WHITE, MICHAEL F	1066 FOGGY BROOK PL	LONGWOOD, FL 32750	<input type="checkbox"/>
MGRM	LLAURADO, ROGER	13111 SW 20TH ST	MIRAMAR, FL 33027	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1572 Anna Catherine Dr	Orlando, FL 32828	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. 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:  DATE: **4/27/2006** DAYTIME PHONE #: **4074683127**

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

✓ #4144