


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90281 036 ****50.00

DOCUMENT # L03000005420				
1. Entity Name FIRST FINANCIAL SECURITIES, L.L.C.				
Principal Place of Business 442 WEST KENNEDY BLVD SUITE 312 TAMPA, FL 33606		Mailing Address 442 WEST KENNEDY BLVD SUITE 312 TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
EBBERT, DONALD E. 442 W. KENNEDY BLVD. SUITE 312 TAMPA, FL 33606				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL
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: <u><i>Donald E. Ebbert</i></u> DATE: <u>3/4/04</u>				
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBERT, DONALD E		NAME	
STREET ADDRESS	442 W. KENNEDY BLVD. SUITE 312		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, EDWARD W III		NAME	
STREET ADDRESS	11 MACARTHUR ROAD		STREET ADDRESS	
CITY-ST-ZIP	PEABODY, MA 01960		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <u><i>Donald E. Ebbert</i></u> DATE: <u>4-2-04</u> <u>813-253-2007</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #

38004601



04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3697534 Applied For Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

Signature: *Donald E. Ebbert* DATE: 3/4/04

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

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SIGNATURE: *Donald E. Ebbert* DATE: 4-2-04 813-253-2007

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