

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008461

FILED
Jan 30, 2004
Secretary of State

Entity Name: ITG, L.L.C.

Current Principal Place of Business:

3212 N.W. 57TH STREET
BOCA RATON, FL 33496

New Principal Place of Business:

7700 CONGRESS AVENUE
SUITE 1115
BOCA RATON, FL 33496

Current Mailing Address:

3212 N.W. 57TH STREET
BOCA RATON, FL 33496

New Mailing Address:

7700 CONGRESS AVENUE
SUITE 1115
BOCA RATON, FL 33496

FEI Number: 56-2324175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J
2875 N.E. 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GROSZMAN, ANDRES L
3212 SAINT ANNES DRIVE
BOCA RATON, FL 33496 US

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: ANDRES LUIS GROSZMAN

01/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GROSZMAN, ANDRES L
Address: 3212 SAINT ANNES DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Change (X) Addition
Name: SWIERK, ALAN
Address: 39 ALEXANDER AVENUE
City-St-Zip: UPPER MONTCLAIR, NJ 07043 US

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: ANDRES LUIS GROSZMAN

MR.

01/30/2004

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