

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90054 001 ****50.00

20051400



04282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000010316 1. Entity Name NEO FINANCE, LLC					
Principal Place of Business 3375 S.W. 3RD AVENUE MIAMI, FL 33145			Mailing Address 3375 S.W. 3RD AVENUE MIAMI, FL 33145		
2. Principal Place of Business 1637 SW 8th St		3. Mailing Address 1637 S.W. 8th St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami FL		City & State Miami FL		4. FEI Number 35-2200376	
Zip 33135		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, FRANK 3375 S.W. 3RD AVENUE MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1637 S.W. 8th Street City Miami FL Zip Code 33135	
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 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, MARIA 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date (305) 285-1418 Daytime Phone #					