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Secretary of State
02-23-2004 90347 016 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34001011

02172004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000011875

1. Entity Name
ZIEGER FINANCIAL, LLC

Principal Place of Business	Mailing Address
5235 SAPPHIRE VALLEY BOCA RATON, FL 33486	5235 SAPPHIRE VALLEY BOCA RATON, FL 33486

	2. Principal Place of Business	3. Mailing Address
	13274 ROYALE SABAL CT	13274 ROYALE SABAL CT
Suite, Apt. #, etc.	DELRAY BEACH, FL	DELRAY BEACH, FL
City & State	33484	33484
Zip / Country	33484 / USA	33484 / USA

4. FEI Number 11-3694036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIEGER, BARRY
5235 SAPPHIRE VALLEY
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
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, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BARRY ZIEGER 13274 ROYALE SABAL COURT DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Barry Zieger 2/18/04 561-499-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #