


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90135 002 ****50.00

| | |
|---|---|
| DOCUMENT # L03000014578 |  |
| 1. Entity Name DISCOUNT BROKERAGE SERVICES, LLC | |

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|--|--|
| Principal Place of Business 330 A1A NORTH SUITE 323 PONTE VEDRA BEACH FL 32082 | Mailing Address C/O ROBERT JACKSON 1331 1ST. STREET NORTH - SUITE 404 JACKSONVILLE BEACH FL 32250 US |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 11-3687051 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

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| 6. Name and Address of Current Registered Agent DUSS, ROBERT V 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4123 | 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 | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM REYNOLDS, LORRI 330 A1A NORTH - SUITE 323 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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: <u>ROBERT JACKSON - PARTNER</u> | 904-334-1315 3-24-05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |