


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90041 021 ****50.00

DOCUMENT # L03000016953
 1. Entity Name
FINANCIAL LLC



Principal Place of Business Mailing Address
 P.O. BOX 8960 P.O. BOX 8960
 RANCHO SANTA FE CA 92067 RANCHO SANTA FE CA 92067

2. Principal Place of Business Suite, Apt. #, etc. *SAME AS*
 3. Mailing Address Suite, Apt. #, etc. *SAME AS*
 City & State *above* City & State *above*
 Zip Country Zip Country



MOORE CR2E083 (11/03)

4. FEI Number *56-2385125* Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
HINDEN, JON A ESQ
4430 SOUTHWEST 64TH AVENUE
DAVIE FL 33314
 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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS: \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Manager James M. Dale PO Box 8960 Rancho Santa Fe, CA 92067</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* *4/15/04* *Manager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #