


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90043 015 \*\*\*\*50.00

**DOCUMENT # L03000016953**

1. Entity Name  
**FINANCIAL LLC**



Principal Place of Business  
**P.O. BOX 8960  
 RANCHO SANTA FE, CA 92067**

Mailing Address  
**P.O. BOX 8960  
 RANCHO SANTA FE, CA 92067**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>56-2385725</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HINDEN, JON A ESQ  
 4430 SOUTHWEST 64TH AVENUE  
 DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DALE, JAMES M PO BOX 8960 RANCHO SANTA FE, CA 92067</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/5/06 858 759 1490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #