


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90126 043 \*\*\*138.75

<b>DOCUMENT # L03000016953</b>	
1. Entity Name <b>FINANCIAL LLC</b>	

Principal Place of Business <b>P.O. BOX 8960 RANCHO SANTA FE, CA 92067</b>	Mailing Address <b>P.O. BOX 8960 RANCHO SANTA FE, CA 92067</b>
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2. Principal Place of Business - No P.O. Box # <b>11300 Rexmere Boulevard</b>	3. Mailing Address <b>11300 Rexmere Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Davie, Florida</b>	City & State <b>Davie, Florida</b>
Zip <b>33325</b>	Country <b>USA</b>
Zip <b>33325</b>	Country <b>USA</b>



01042008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>HINDEN, JON A ESQ 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DALE, JAMES M PO BOX 8960 RANCHO SANTA FE, CA 92067</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Dale, James M. 11300 Rexmere Boulevard Davie, Florida 33325</b> <input checked="" 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
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/14/08 954-472-1233