## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM Secretary of State

DOCUMENT # L03000018818  i. Entity Name = 2234, LLC  Principal Place of Business Mailing Address	Secretary of State
4383 NW 202 ST 4383 NW 202 ST MIAMI, FL 33055	
DO NOT WRITE IN THIS SPA	03102005 No Chg-LLC CR2E083 (10/03)  4. FEI Number
GAY, JOHN L JR JFG FINANCIAL SERVICES, LLC 2351 NW 196TH ST MIAMI, FL 33056	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 Signature, piped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2005  U00000271743	
9. MANAGING MEMBERS/MANAGERS TITLE P	83/21/05 00059 020 55.00
NAME         HAWKINS, GENEVA           STREET ADDRESS         4383 N.W. 202 STREET           CITY-ST-ZIP         MIAMI, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST- ZIP	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Je reple de PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR	3/18/2005 IZED REPRESENTATIVE Dato Daylirre Phone #