


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90104 018 \*\*\*\*50.00

<b>DOCUMENT # L03000023267</b>					
1. Entity Name <b>EXPRESS COMMERCIAL CAPITAL, LLC</b>					
Principal Place of Business <b>1515 N. FEDERAL HWY., STE. 107 BOCA RATON FL 33432</b>			Mailing Address <b>1515 N. FEDERAL HWY., STE. 107 BOCA RATON FL 33432</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0068577</b>	
				Applied For <input type="checkbox"/> 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 <b>GREER, DOUGLAS 1515 N. FEDERAL HWY., STE. 107 BOCA RATON FL 33432</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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	GREER, DOUGLAS				
STREET ADDRESS	1515 N. FEDERAL HWY., STE. 107				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SIDNEY BANNER				
STREET ADDRESS	1515 N. FEDERAL HWY 107				
CITY-ST-ZIP	BOCA RATON FL 33432				
TITLE	ROBERT BANNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MGR				
STREET ADDRESS	1515 N. FEDERAL HWY 107				
CITY-ST-ZIP	BOCA RATON, FL 33432				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  **DOUGLAS GREER** **2/5/04** **(561) 368-1771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #