2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# L03000034133

Entity Name: HEALTHCARE FINANCIAL PARTNERS, LC

Current Principal Place of Business:

7203 19TH AVE NW
BRADENTON, FL 34209 US

New Principal Place of Business:

898 PINE RIDGE LANE
SARASOTA, FL 34240 US

Current Mailing Address:

7203 19TH AVE NW
BRADENTON, FL 34209 US

New Mailing Address:

898 PINE RIDGE LANE
SARASOTA, FL 34240 US

FEI Number: 20-0765563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICARS, JAMESON A
7203 19TH AVE NW
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

VICARS, JAMESON A
898 PINE RIDGE LANE
SARASOTA, FL 34240 US

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.

SIGNATURE: JAMESON VICARS 04/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: VICARS, JAMESON A
Address: 7203 19TH AVE NW
City-St-Zip: BRADENTON, FL 34209 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VICARS, JAMESON A
Address: 898 PINE RIDGE LANE
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMESON VICARS MGR 04/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date