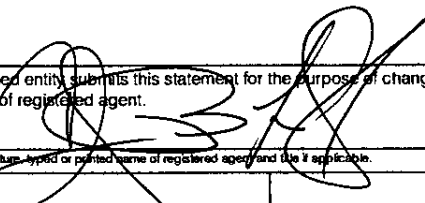
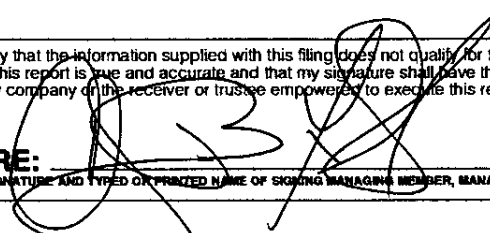


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90019 024 ****50.00

DOCUMENT # L03000040948 1. Entity Name MPL FINANCIAL GROUP, LLC					
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD #300 PLANTATION, FL 33324			Mailing Address 1200 SOUTH PINE ISLAND ROAD #300 PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 111 Briny Ave Suite, Apt. #, etc. 2406 City & State Pompano Bch Fla Zip Country 33062 Broward			
					
04212004 Chg-LLC CR2E083 (10/03)					
4. FEI Number					☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent POLK, GARY R 2703 EAST ABIACA CIRCLE DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Christopher B. LaSala Street Address (P.O. Box Number is Not Acceptable) 111 Briny Ave #2406 City Pompano Bch FL Zip Code 33062		
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  DATE 4/21/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLK, GARY R 2703 EAST ABIACA CIRCLE DAVIE, FL 33328	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDELL, JEFFREY A 5095 REGENCY ISLES WAY COOPER CITY, FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASALA, CHRISTOPHER B 1200 SOUTH PINE ISLAND ROAD #300 PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, Christopher B 111 Briny Ave #2406 Pompano Bch Fla 33062 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  Date 4/21/04 Daytime Phone # 954/377-1616 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					