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	Mailing Address
1200 SOUTH PINE ISLAND ROAD #300 PLANTATION, FL 33324	1200 SOUTH PINE ISLAND ROAD #300 PLANTATION, FL 33324

04212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2406
City & State	City & State Pompano Bch Fla
Zip / Country	Zip 33062 / Country Broward

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLK, GARY R 2703 EAST ABIACA CIRCLE DAVIE, FL 33328	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 _____ 4/21/04
Signature, typed 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, 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	[X] 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 LaSala, Christopher B 111 Briny Ave #2406 Pompano Bch Fla 33062	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] 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: _____ 4/21/04 954/377-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #