2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L03000045096

Entity Name: IN THE CUT FINANCIAL SERVICES, L.L.C.

Current Principal Place of Business:

7109 YACHT BASIN AVE., UNIT 424
ORLANDO, FL 32835

New Principal Place of Business:

151 EAST WASHINGTON STREET
UNIT 216
ORLANDO, FL 32801

Current Mailing Address:

7109 YACHT BASIN AVE., UNIT 424
ORLANDO, FL 32835

New Mailing Address:

151 EAST WASHINGTON STREET
UNIT 216
ORLANDO, FL 32801

FEI Number: 87-0714178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH M.K. SMITH
7109 YACHT BASIN AVE., UNIT 424
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SMITH M.K. SMITH
151 EAST WASHINGTON STREET
UNIT 216
ORLANDO, FL 32801 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: SADAT M. K. SMITH 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, SADAT M DR.
Address: 7109 YACHT BASIN AVE #424
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, SADAT M DR.
Address: 151 EAST WASHINGTON STREET , UNIT 216
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SADAT SMITH DR. 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date