


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 029 ****50.00

DOCUMENT # L03000045761 1. Entity Name FIRST SOURCE FINANCIAL USA-FL1, LLC																									
Principal Place of Business 4684 VERGARA CT. ORLANDO, FL 32811			Mailing Address 275 E. CENTRAL PARKWAY STE. 1322 ALTAMONTE, FL 32701																						
2. Principal Place of Business		3. Mailing Address																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																							
City & State		City & State		4. FEI Number 20-0418665																					
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent SWAIN, BRIAN 4684 VERGARA CT. ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Brian Swain</i></u> BRIAN SWAIN <u>9/2/2004</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>SWAIN, BRIAN</td> <td>275 E. CENTRAL PARKWAY, STE. 1322</td> <td>ALTAMONTE, FL 32701</td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		SWAIN, BRIAN	275 E. CENTRAL PARKWAY, STE. 1322	ALTAMONTE, FL 32701	<input type="checkbox"/>	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>
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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: <u><i>Brian Swain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>9/2/2004</u> <u>407-332-5253</u> <small>Date Daytime Phone #</small>																					