

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90037 034 ****55.00

DOCUMENT # L04000013054			
1. Entity Name STRASBOURG SOVEREIGN CONSULTANT BANKERS LLC.			
Principal Place of Business 4403 NW 73RD WAY CORAL SPRINGS, FL 33065 US		Mailing Address 4403 NW 73RD WAY CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 9900 West Sample Road Suite, Apt. #, etc. <u>Suite 300</u> City & State <u>Coral Springs, FL</u> Zip <u>33065</u> Country <u>USA</u>		3. Mailing Address 9900 West Sample Road Suite, Apt. #, etc. <u>Suite 300</u> City & State <u>Coral Springs, FL</u> Zip <u>33065</u> Country <u>USA</u>	
4. FEI Number		03072005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, CAMILLE C 4403 NW 73RD WAY CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name <u>Wallberg & Renzy, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>10100 West Sample Road</u> <u>Third Floor</u> City <u>Coral Springs</u> <u>FL</u> Zip Code <u>33065</u>	
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>[Signature]</u> <u>ESQ. WENDY SWALLBERG, ESQ.</u> <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <u>MGRM</u> NAME <u>LEVY, CAMILLE C</u> STREET ADDRESS <u>4403 NW 73RD WAY</u> CITY-ST-ZIP <u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Delete	TITLE <u>MGRM</u> NAME <u>Malcolm J. Gold</u> STREET ADDRESS <u>P.O. Box 2004</u> CITY-ST-ZIP <u>Watford, Hertfordshire WD17 3X2</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u>MGRM</u> NAME <u>LEVY, CAROLINE C</u> STREET ADDRESS <u>4403 NW 73RD WAY</u> CITY-ST-ZIP <u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Delete	TITLE <u>S/Corp. Counsel / mgrm</u> NAME <u>Wendy S. Wallberg, Esq.</u> STREET ADDRESS <u>10100 West Sample Road, 3rd FL</u> CITY-ST-ZIP <u>Coral Springs, FL 33065</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <u>WENDY SWALLBERG</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/15/05</u> <u>954-757-1212</u> <small>Date Daytime Phone #</small>	