

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-24-2005 90108 039 ****50.00

DOCUMENT # L04000032573 1. Entity Name MBWEHA FINANCIAL PARTNERS, L.L.C.																																																																																																																																			
Principal Place of Business 8756 S.E. MAY TERRACE HOBE SOUND, FL 33455			Mailing Address 8756 S.E. MAY TERRACE HOBE SOUND, FL 33455																																																																																																																																
2. Principal Place of Business 38 EAST OCEAN BLVD Suite, Apt. #, etc.		3. Mailing Address PO BOX 2545 Suite, Apt. #, etc.																																																																																																																																	
City & State STUART, FL Zip 34994 Country MARTIN		City & State STUART, FL Zip 34995 Country MARTIN		4. FEI Number 20-1099481																																																																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent CRARY, WILLIAM F II 555 COLORADO AVENUE STUART, FL 34994																																																																																																																																			
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>EDMISTON, JAMES H TRUSTEE</td> <td></td> <td>NAME</td> <td>Edmiston, James H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8756 S.E. MAY TERRACE</td> <td></td> <td>STREET ADDRESS</td> <td>PO BOX 2545</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOBE SOUND, FL 33455</td> <td></td> <td>CITY - ST - ZIP</td> <td>STUART FL - 34995</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition	NAME	EDMISTON, JAMES H TRUSTEE		NAME	Edmiston, James H.		STREET ADDRESS	8756 S.E. MAY TERRACE		STREET ADDRESS	PO BOX 2545		CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	STUART FL - 34995		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition																																																																																																																														
NAME	EDMISTON, JAMES H TRUSTEE		NAME	Edmiston, James H.																																																																																																																															
STREET ADDRESS	8756 S.E. MAY TERRACE		STREET ADDRESS	PO BOX 2545																																																																																																																															
CITY - ST - ZIP	HOBE SOUND, FL 33455		CITY - ST - ZIP	STUART FL - 34995																																																																																																																															
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
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>James H. Edmiston</u> - member - 4/21/05 772-341-5450																																																																																																																																			

30002321



02212005 Chg-LLC CR2E083 (10/03)