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Secretary of State

02-24-2005 90108 038 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032577

1. Entity Name
ALOPEX FINANCIAL PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
8756 S.E. MAY TERRACE HOBE SOUND, FL 33455	8756 S.E. MAY TERRACE HOBE SOUND, FL 33455

30003818

02212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
38 East Ocean Blvd		PO BOX 2545	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: STUART, FL		City & State: STUART, FL	
Zip: 34994	County: MARTIN	Zip: 34995	County: MARTIN

4. FEI Number: 20-1099524 ☐ 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
CRARY, WILLIAM F II 555 COLORADO AVENUE, SUITE 1 STUART, FL 34994	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 ____________________
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	~~MEMBER~~ MGRM ☒ 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	
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: J H Edmiston · member - 2/21/05 772-341-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #