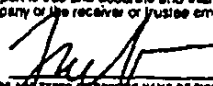


FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90036 043 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000043728			
1. Entity Name VIAFINANCE GROUP, LLC			
Principal Place of Business 631 WEST MORSE BOULEVARD, STE. 200 WINTER PARK, FL 32789-3730		Mailing Address 631 WEST MORSE BOULEVARD, STE. 200 WINTER PARK, FL 32789-3730	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1272525		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02212005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GREN, FRANK M 631 WEST MORSE BOULEVARD, STE. 200 WINTER PARK, FL 32789-3730		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 _____ DATE _____ Signature: typed or printed name of registered agent and see 9 applicable. (NOTE: Registered Agent signature required when returning)			
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM Michael C. Maher Revocable Trust 631 West Morse Blvd., Suite 200 Winter Park, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Frank M. Gren 1327 Windsor Ridge Lane Annapolis, MD 21401 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 605, Florida Statutes.			
SIGNATURE: 		4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	