2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000060473

Entity Name: WESSEL FINANCIAL GROUP, LLC

Current Principal Place of Business:

2151 MAIN STREET
SARASOTA, FL 34237

New Principal Place of Business:

269 S. OSPREY AVENUE
SARASOTA, FL 34236

Current Mailing Address:

2151 MAIN STREET
SARASOTA, FL 34237

New Mailing Address:

269 S. OSPREY AVENUE
SARASOTA, FL 34236

FEI Number: 20-1515373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESSEL, THOMAS J
2151 MAIN STREET
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

WESSEL, THOMAS J
269 S. OSPREY AVENUE
SARASOTA, FL 34236 US

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.

SIGNATURE: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WESSEL, THOMAS J
Address: 2151 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete
Name: WESSEL, PATRICE M
Address: 2151 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WESSEL, THOMAS J
Address: 269 S. OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change ( ) Addition
Name: WESSEL, PATRICE M
Address: 269 S. OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS J WESSEL MGRM 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date