


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082856
 1. Entity Name
FINANCIAL MARKETS, LLC



Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 100 MIAMI, FL 33131 US	Mailing Address 100 S. BISCAYNE BLVD. SUITE 100 MIAMI, FL 33131 US
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02152006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2018537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOLLO, JEROME
 100 S. BISCAYNE BLVD.
 SUITE 1100
 MIAMI, FL 33131

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, TOBOR 100 S BISCAYNE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, WAYNE 100 S BISCAYNE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, JEROME 100 S BISCAYNE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000546803
 05/11/06-80129-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #