2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# L04000084730

Entity Name: EXECUTIVE BROKER SERVICES LLC

Current Principal Place of Business:

2429 VEDADO STREET
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

2429 VEDADO STREET
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 20-1913495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEN, CHRISTOPHER W CEO
2429 VEDADO STREET
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HARDEN, CHRISTOPHER W CEO
Address: 2429 VEDADO STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM ( ) Delete
Name: ARTZ, SCOTT A PRES
Address: 5383 DESOTO PARKWAY
City-St-Zip: SARASOTA, FL 34234 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: DURANT, RICHARD T SECR
Address: 4380 LAUREL GROVE TRACE
City-St-Zip: SUWANEE, GA 30024 US

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: CHRISTOPHER W HARDEN CEO 03/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date