

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086299

Entity Name: 1ST USA WHOLESALERS LLC

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

9008 NW 6TH CT
PLANTATION, FL 33324

New Principal Place of Business:

4303 REFLECTIONS BLVD N
APT 202
SUNRISE, FL 33351

Current Mailing Address:

9008 NW 6TH CT
PLANTATION, FL 33324

New Mailing Address:

4303 REFLECTIONS BLVD N
APT 202
SUNRISE, FL 33351

FEI Number: 20-1944811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL
9008 NW 6TH CT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

COHEN, MICHAEL
4303 REFLECTIONS BLVD N
APT 202
SUNRISE, FL 33351 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: MICHAEL COHEN

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, MICHAEL
Address: 9008 NW 6TH CT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, MICHAEL
Address: 4303 REFLECTIONS BLVD N APT 202
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL COHEN

MGRM

03/21/2006

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