

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087068

Entity Name: EXPERT FINANCIAL, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

4465 W. GANDY BLVD
TAMPA, FL 33611

New Principal Place of Business:

4465 W. GANDY BLVD
SUITE 315
TAMPA, FL 33611

Current Mailing Address:

4465 W. GANDY BLVD
TAMPA, FL 33611

New Mailing Address:

PO BOX 66101
ST PETE BEACH, FL 33736

FEI Number: 56-2508735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, PAUL
4465 W. GANDY BLVD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

BENSON, PAUL
4465 W. GANDY BLVD
SUITE 315
TAMPA, FL 33611 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: BAUL BENSON

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BENSON, PAUL
Address: 9862 GULF BLVD
City-St-Zip: ST. PETERSBURG, FL 33706

Title: MGRM () Delete
Name: SOLO, MAXINE
Address: 9862 GULF BLVD
City-St-Zip: ST. PETERSBURG, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENSON, PAUL
Address: 9862 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM (X) Change () Addition
Name: SOLO, MAXINE
Address: 9862 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

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: PAUL BENSON

MGRM

04/26/2005

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