

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011260

FILED  
Jan 31, 2008  
Secretary of State

**Entity Name:** LONDON FINANCIAL COMPANY, LLC

**Current Principal Place of Business:**

50 W. MASHTA DRIVE SUITE 5  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

50 W. MASHTA DRIVE SUITE 5  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 42-1691331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, NORMAN T  
50 W. MASHTA DRIVE SUITE 5  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

ROBERTS, NORMAN T  
50 W. MASHTA DRIVE SUITE 4  
KEY BISCAYNE, FL 33149 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: \_\_\_\_\_

01/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LONDON, I EDWARD  
Address: 50 W. MASHTA DRIVE SUITE 5  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: LONDON, JACK C II  
Address: 50 W. MASHTA DRIVE SUITE 5  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: I EDWARD LONDON

MGRM

01/31/2008

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