2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L07000101556

Entity Name: ARGOSY FINANCIAL, LLC

Current Principal Place of Business:

401 E. LAS OLAS BLVD., SUITE 1720
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 E. LAS OLAS BLVD., SUITE 1720
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 11-3823929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLYNN, JOHN J
401 E. LAS OLAS BLVD., SUITE 1720
FT. LAUDERDALE, FL 33301 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/MANAGERS:

Title: MGRM ( ) Delete
Name: FLYNN, JOHN J
Address: 401 E. LAS OLAS BLVD., SUITE 1720
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S ( ) Delete
Name: SNYDER, RICHARD J
Address: 470 ATLANTIC AVE., SUITE 500
City-St-Zip: BOSTON, MA 02210

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: FLYNN, FRANCES
Address: 401 E. LAS OLAS BLVD., SUITE 1720
City-St-Zip: FT. LAUDERDALE, FL 33301

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: JOHN J FLYNN MGRM 03/11/2009

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