

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108837

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FINANCIAL INSTRUMENTS INTERNATIONAL LLC

**Current Principal Place of Business:**

1550 OAKADIA LANE  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 OAKADIA LANE  
A  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 26-1946098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIMMONS, DIANE N  
1550 OAKADIA LANE  
CLEARWATER, FL 33764 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: SIMMONS, DIANE N  
Address: 1550 OAKADIA LANE  
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM ( ) Delete  
Name: MCKINLAY, RICHARD S  
Address: 6410 GRIFFIN ROAD  
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: SIMMONS, PAUL L  
Address: 1550 OAKADIA LANE  
City-St-Zip: CLEARWATER, FL 33764 US

**ADDITIONS/CHANGES:**

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

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: /DIANE SIMMONS/

MGRM

04/27/2009

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