


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000777</b> 1. Entity Name LAMPOST CAPITAL, L.C.	
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Principal Place of Business 7777 GLADES ROAD, STE. 213 BOCA RATON, FL 33433	Mailing Address 7777 GLADES ROAD, STE. 213 BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0767015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEADE, MICHAEL S  
7777 GLADES ROAD, STE. 213  
BOCA RATON, FL 33433

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000124511  
04/22/04-80039-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEADE, MICHAEL S 7777 GLADES ROAD, STE. 213 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIRST DISCOUNT BROKERAGE, INC. 515 N. FLAGLER DRIVE, #703 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #